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DEPARTMENT OF PUBLIC HEALTH NURSING
UNIVERSITY OF TORONTO

Vol. XIX. No. 1

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

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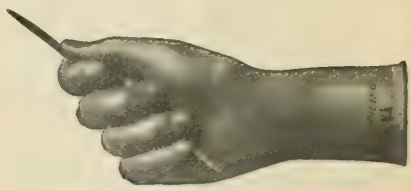

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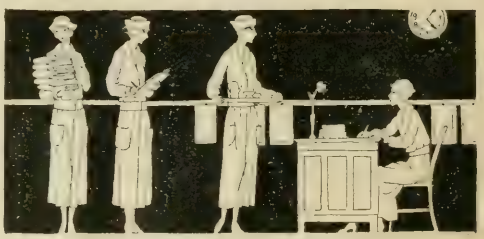

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

At the present time the Secretary of the National Memorial Committee is carrying on an extensive correspondence with the nine Provincial Committees. As it has been impossible so far to receive replies from all of the provinces, no committee meeting has been held this month. Consequently, the January meeting will be an important one, and it is very much hoped that full provincial reports will be forwarded in good time for that. The nine provincial reports are never all received in time for the monthly meeting, and yet the National Committee is dependent upon these reports for guidance; hence its progress is slower than it might otherwise be.

It is hoped that all moneys in the hands of provincial treasurers will be forwarded immediately to the National Treasurer, Miss Katharine Davidson, 131 Crescent Street, Montreal, so that the National Committee may have an accurate idea of the progress made toward our objective.

THE GREATEST WOMEN

Where shall we find women
  Worthy of greastest fame?
To whom shall we pay the honor
  With high illumined name?

Amongst the host of claimants
  To whom is honor due?
Alas! they are ever nameless,
  Unknown to me and you.

They are out on the hill, in the valley,
  On the mountain and in the plain;
Down in the tenement cellar—
  Wherever is toil and pain.

They have followed no high ambition,
  Nor dreamed of a hall of fame;
But for nameless immortal merit
  They have changed a mortal name.

Forgetting glamor and glory,
  They have made their beds with pain;
Their years are spent in service;
  They have loved no selfish gain.

They have bartered all the battle,
  In the age old, world old strife;
Where the warriors all are martyrs,
  And lost to the records of life.

On earth shall they be nameless,
  But in God's roll of fame
Methinks their names are written
  In letters of blinding flame.

—Lena W. Brown.

Venereal Disease Control in Ontario

The facts concerning the prevalence of the venereal disease in our midst, as revealed chiefly through the examination of army recruits, came as a startling surprise to our people. The popular education carried on during the war regarding the serious nature of these diseases and their consequences, not only to the individual but to the nation itself, was sufficient to change the attitude of the public toward this question. The cure and prevention of these diseases ceased to be an individual matter, and it became a matter of national concern that they be treated until cured or non-infectious, the treatment to be paid for, if necessary, out of public funds. It was this new attitude on the part of the public that made it possible for the Governments to bring in legislation dealing with the control of venereal disease.

The Venereal Diseases Prevention Act of Ontario, which became law in July, 1918, was modelled after legislation already existing in New Zealand and Australia, and was the first of its kind in Canada. The other provinces rapidly followed the example of Ontario in this respect, and at the present time all the provinces have legislation dealing with the control of venereal disease, with the exception of Prince Edward Island. The administration of the Acts is in the hands of the local medical officer of health, and wide powers are given him through the various provisions of the Act, in order to prevent the spread of infection from these diseases.

The main provisions of the Ontario Act are as follows:—The Medical Officer of Health may order the examination of persons under arrest or in custody, or of others, upon receipt of credible information, whom he may reasonably suspect of being infected with venereal disease.

If, upon examination, such persons are found to be diseased, the medical officer of health may give such further orders for their detention, isolation, as he may consider necessary to prevent the spread of infection by them. He may also issue orders to such persons prescribing the course of conduct they must follow in order to avoid the exposure of others to infection and in regard to treatment, and may require them to produce a certificate from time to time, stating that they are under treatment.

The Medical Officer of Health may require hospitals receiving public grants to make provision for the treatment of these diseases. Suitable penalties are provided for breaches of the Act or of orders lawfully given under the Act.

Results of the enforcement of this legislation throughout Ontario are not available, but in Toronto, where the Act has been rather consistently enforced since it became law, the following results have been obtained: During the last year, January 1st, 1921, to December 31st, 1921, 1126 persons were dealt with by the Department of Public Health under the various provisions of the Act. Of 244 persons ordered examined, 121 were found to be diseased. These were persons referred to the

Medical Officer of Health from various sources as the contacts or sources of infection of other diseased individuals. Many of them were not aware they were diseased and few of them had ever been under treatment; 368 persons were placed under treatment. There were persons who, upon examination, were found to be diseased and of others reported by private physicians and clinics because they refused treatment. During the same period, of the persons examined while in custody, 175 were found to be diseased; a certain number of these were detained for varying periods of time, after their term of sentence had expired, because of the infectious nature of their disease or their mode of living made them a menace to public health.

The source of the new cases reported during last year in interesting and is as follows: Courts, 218; Clinics, 204; Military, 151; Jail, 144; Individuals, 51; Police, 34; Public Halth Nurses, 25; Other Boards of Health, 20; Private doctor, 19; Mercer Reformatory, 10; Other Reformatories, 2; Social Agencies, 2; Good Shepherd, 1; Total, 881.

The larger number of cases were reported by the Courts. This number is made up of persons who have appeared in Court charged usually with sex offences, and, as revealed by the evidence given, have been exposed to venereal disease. Of these 218 persons, 86 men and 134 women, 124 or 57% were found to be diseased. From a public health point of view, this source of case is a most important one because these are the persons who, because of their conduct, are the most prolific sources of infection. By means of the Venereal Diseases Prevention Act, much has been accomplished in the interests of public health. Many cases of these diseases have been discovered and placed under treatment, and infectious cases have been isolated and treated during the most infectious period of the disease. That the principle behind the Act is sound and has the backing of public opinion is proved by the fact that in Toronto, at least, the health authorities have never failed to secure the support of the Courts before which they have brought these cases.

In the legislature of 1920, the Dominion Government granted $200,000.00 for the work of venereal disease control. This sum was to be divided among the provinces on a per capita basis and granted on condition that the provincial governments furnish an equal amount and fulfil certain requirements laid down by the Dominion Government. Up to date all the provinces, with the exception of Prince Edward Island, have accepted the grant and are carrying on work with venereal diseases. Ontario has had, for two years, $114,000.00 to do this work. This money is administered by the Provincial Board of Health, Division of Venereal Diseases, and the activities of this Division include the establishment of free clinics, the examination and treatment of persons in penal institutions, the manufacture and distribution of the drug used in the treatment of Syphilis, and a campaign of education. Thirteen clinics have been established in eight cities as follows: Ottawa, Brantford, Hamilton, Toronto, Windsor, London, Fort William, and Owen Sound.

During the year, January 1st, 1921, to December 31st, 1921, 10,707 treatments were given in these clinics. During the same period 21,561 treatments were given in penal institutions. The clinics accomplish a very valuable public health service, not only in preventing the spread of venereal disease through the provision of free treatment for all, but more especially by locating and bringing under treatment other diseased persons, the contacts and sources of infection of patients under treatment.

The Canadian National Council for Combating Venereal Disease, a voluntary society modelled after the British organization of the same name, was organized in 1919. Branches of this organization have been formed in most of the provinces and larger cities. The Provincial Council of Ontario and the local Councils of the larger cities throughout the Province are engaged in an active campaign, chiefly along educational lines.

Looking back one realizes that in this country we have gone a long way since pre-war days in the matter of venereal disease control. Through the educational campaigns carried on by governmental and volunteer bodies, a knowledge of the nature of venereal disease and the need for treatment has become the property of the man in the street.

Wide powers over the individual, even to the extent of taking away personal liberty, have been given by the State to health authorities, in order to prevent the spread of infection in these cases. The free treatment provided for all has prevented the occurrence of many cases of infection, and no doubt much future suffering has been spared humanity.

In working for any length of time with this problem, one comes to realize, however, that the complete cure and ultimate prevention of these diseases is not to be accomplished by the provision of medical measures alone. One realizes that the original causes do not end with the spirachaeta and the gonococcus, but go down deeply into our social organization and the make-up of the individual. The removal of these causes will mean a combined effort on the part of economists, social and moral reformers and physicians. Only by this means can we hope to rid our country of venereal disease.

FRANCES BROWN,
Supervisor, Venereal Disease Nursing,
Department Public Health, Toronto.

DISMISSAL OF ENTIRE STAFF

Twelve cats employed at Hampstead Poor Law Hospital to deal with a swarm of mice are reported to have fraternized with the enemy. They have been dismissed *en bloc*. We wonder if the grievance was night duty!

Income Insurance

Hugh L. Bowman

The idea of an old age monthly income for a nurse as well as for every professional woman is worthy of commendation. Oftimes the woman upon whose shoulders rests merely the burden of supporting herself feels that, having no dependents, she may spend freely with no thought of to-morrow. But when we face the cold facts—that only five out of each hundred individuals starting on life's journey at age twenty-five are able to enjoy the comforts of an independent age after sixty,—we shall surely call a halt upon our extravagance. The moral is why not save systematically during the earlier years to provide for the later ones? The result of this systematic saving will be wonderful, permitting of spending the balance of the income freely without jeapordizing the small portion essential for provision against dependence upon relatives or charity.

Having in mind an adequate plan of old age provision for the professional woman, the proposals embraced in the following benefits are recommended for consideration:

(a) An Endowment maturing at age sixty.

(b) After age sixty Guaranteed Monthly Income of fifty dollars continued for life.

(c) In event of death—

  (1) Before age sixty, the Monthly Income to continue until one hundred and twenty monthly payments have been made.

  (2) After age sixty, the Monthly Income to continue as in (1) provided that one hundred and twenty monthly payments have not already been paid to the assured, in which case no further instalments shall be paid.

(d) At the end of each fifth policy year the policy is credited with the profits apportioned to it.

(e) Although the contract guarantees fifty dollars per month, the amount of each monthly payment is greatly increased by what are known as Interest Dividends.

It is generally conceded that the earning period of the average individual extends to age sixty. As a consequence the plan presented affords a means of saving during the whole of the earning period.

The provision of a death benefit is worthy of consideration. Actuarial tables tell us that out of a group of one thousand healthy individuals at the age of thirty only six hundred and sixty-two will survive age sixty. At death all worldly goods must be left behind, and why not invest our savings in a manner whereby those dearest to us will inherit not merely unpaid debts but rather a memory of thoughtfulness in our provision of wisdom. We must invest in some manner, and in no other way can an investment be made where at death further payments cease and, as a consequence, the gain to our estate may be many thousand fold.

The * * * * * * Company of Canada offer a plan precisely as the one above mentioned. This plan possesses all these features, as well as many other excellent ones. Let us consider an individual case: Age of Assured, 30. Guaranteed $50.00 Continuous Monthly Income. Amount of Annual deposit required, $205.75. Profits payable to the assured at the end of each five years.

At the end of	*Cash*	*Accumulation for Period at this year's Interest Rate (5.39%).*
Fifth Policy Year	$102.90	$ 102.90
Tenth Policy Year	153.80	277.21
Fifteenth Policy Year	188.05	548.44
Twentieth Policy Year	229.65	942.71
Twenty-fifth Policy Year	273.50	1,499.20
Thirtieth Policy Year	273.50	2,222.74

With reference to profits, the first column of "Cash" represents the amount which may be withdrawn at the end of each five years. The latter column under "Accumulation for Period" represents the total amount which would be at the credit of the assured if left on deposit with the company, subject to the present high rate of 5.39% interest. With reference to the dividend payable at the end of thirty years, it is assumed that the amount earned would only be similar to the amount earned at the end of the twenty-fifth year, as the company is only twenty-five years in existence, there is no record of a thirty-year dividend, which undoubtedly would be greater than the dividend payable at the end of twenty-five years.

Assured makes an annual deposit of	$205.75	
Total amount deposited for 30 years		$6,172.50
Accumulated Profits credited to assured		2,222.74
Net amount deposited during 30 years		3,949.76
Net amount per annum	131.65	

That is, the assured in reality has paid only $131.65 for her investment annually.

Another feature is the privilege of borrowing funds on the policy by the assured. This privilege is particularly useful at any time when the assured might be financially embarrassed and unable to meet the amount of the deposit when it is due, and, rather than permit her policy to go by default, utilizes the borrowing privilege.

At the end of Policy Year	*Guaranteed Amount of Loan*
3	$ 190
5	390
10	1,065
15	1,835
20	2,660
25	3,650

The amount of this loan is repayable at any time with interest at six per cent. Should death occur during the period when a loan is outstanding on the contract, the amount of indebtedness shall be first deducted before any monthly payments are made to the assured's estate.

But the most important and interesting feature is the fact that monthly payments are not limited to the guaranteed amount as is the case in the majority of pension schemes. Under the Monthly Income policy, the guaranteed amount is greatly increased. In order to provide the Guaranteed Monthly Income, the company assumes that the accumulated funds on hand will earn a net rate of interest of three per cent. That is, the accumulated deposits at three per cent. will provide the Guaranteed Monthly Income for the lifetime of the assured. But the Company earns considerably in excess of three per cent., this year's rate being 5.39%. The difference of 2.39% is known as Excess Interest Dividends, which are added to each monthly income. The following is an illustration of Monthly Income Payments on the basis of the Interest Dividends being paid in 1922. Assume the assured is alive till age 75.

Year	*Monthly Payment*	*Guaranteed Amount*	*Interest Dividend*	*Total Payment*
1	1	$50.00	$	$50.00
	2	50.00	14.00	64.00
	3	50.00	13.95	63.95
6	61	50.00	11.00	61.00
11	121	50.00	8.45	58.45
16	181	50.00	7.40	57.40

There is no Interest Dividend added to the first monthly payment, because the payment is made immediately at the maturing of the contract and before the capital investment upon which the Interest Dividends are computed can have earned interest.

Features of Contract

1. A Monthly Income, beginning at the age of retirement.
2. Through the receipt of profits the annual deposit is greatly decreased.
3. The Monthly Income is greatly increased through the receipt of Excess Interest earned and added to each monthly cheque.
4. The Monthly Income in event of death (a) prior to age sixty is payable to the assured's estate (together with Excess Interest) for a period of one hundred and twenty months. (b) after age sixty, to the assured's estate until the balance of one hundred and twenty monthly instalments (with Interest Dividends) have been paid.
5. A privilege of borrowing from the Company should the assured become temporarily financially embarrassed through illness or other causes.

The Chronicles of Tonsillectomy

And behold, very early in the morning, I lifted up mine eyes and beheld two angels clad in white robes standing, one on my right side and the other on my left. And they ministered unto me.

And lo and behold, the doors opened and a chariot of shining white appeared, draped in a white robe on which never man sat, and they placed me thereon.

Then said one of the angels, she who stood on my left hand and who appeared as one in authority, "draw out now, and bear him above to the Master who dwelleth on high in the lofty palace. He it is whose shoes latchet I am not worthy to unloose. He it is who shall perform this miracle".

And behold, he who drove the chariot and whose name was Charlie, drew me hence and placed me in a cage in which were many receptacles, even receptacles of iron.

And the damsel who dwelt in the cage said to him who drove the chariot, "What a shame to be taken out with the garbage and so 'airrly in the morrn'!"

And with that we were wafted aloft even unto the heavens and entered into a lofty palace all in shiny white, and which smelled sweet in my nostrils even as the waters of Lethe, which is forgetfulness. And we came into a small antechamber also smelling of incense.

And behold, a man cometh also clad in spotless apparel with a white halo 'round his head and he saith unto me—"Ha, another victim," and removed me from the chariot and placed me upon a straight and narrow bed, exceeding hard, and thereon they bound me hand and foot and clad me in white raiment.

Then on my head, covering even unto my chin, did he place a helmet and commanded in a loud voice, saying, "Take a deep breath".

And I did as I was commanded, and behold I was wafted away on pink clouds and the sun shone gloriously and the birds sang.

Then I awoke, and lo! the same angels ministered unto me and said, "He's coming out". And I, being in torment, lifted up my voice and said, "Don't tell my wife what I said under the ether".

The King has awarded the Royal Red Cross (second class) to Miss Agnes McPherson, N. Sister, Canadian Army Medical Corps, in recognition of valuable nursing services rendered in connection with military operations in France and Flanders.

Graduation Address
Children's Hospital of Winnipeg, 1921

Address delivered to the Graduating Class of the Children's Hospital, May 19th, 1921, by the late Dr. C. C. Field, M.D., F.R.C.P.S. (Edinburgh); Professor of Pediatrics, University of Manitoba; Head of Children's Department, Winnipeg General Hospital; Staff Physician, Children's Hospital of Winnipeg; and attending Physician, Winnipeg Bureau of Child Hygiene.

It is an unexpected but exceedingly pleasant task that has fallen to my lot, in the name of the Medical Staff, to congratulate you of the Children's Hospital class of 1921 upon the completion to-night of your years of training and upon the graduation which marks so important a stage in your life's journey.

I am sure my colleagues will join with me in expressing our appreciation of your faithful work andd loyal co-operation during the years you have given to the hospital. At this parting of the ways, we bid you, in the words of one vowed to a stern sense of duty, "Hail and Farewell," and we offer our friendly and, may I say, almost paternal good wishes for your happiness and success in the calling that claims you.

In connection with that high calling, I am loath to use the word "success," tarnished is it is by its material implications in an age of false values. Success will not mean, *to you,* the prizes of the market place—yours will be the reward of service to mankind and of work to which must be brought the utmost skill of brain and head.

In defining success as it appears to the vocation of physician and nurse, it is peculiarly appropriate that I have just come, to-night, from a dinner given by the medical men of this city to one of the most distinguished of their number. Notable for his skill and wide knowledge, he is no less pre-eminent for the qualities of high-mindedness, unswerving ideals, and regard for the honor of the profession to which he is himself in turn an honor. By remaining true to the almost apostolic traditions of Medical Science, he has earned the profound respect and affection alike of his colleagues and of the community.

I can point you no better example of a man whose care has been never to lower the standard of the art of healing to which you belong; mark, to which *you belong.* It claims *you* as no other work can do—we are only links in a long and shining chain.

As you enter upon your life work, I should like to emphasize that idea of the work—that it is the privillege of our common calling to carry on for a while.

To-night you will leave your Alma Mater where your work has been under supervision and guidance; now is the moment when the responsibilities of your vocation come upon you. You must be prepared to take

them up and to put into actual operation the instruction you have received. You will sometimes feel the weight of your grave burden; you will miss the guiding hands of your hospital days, and perhaps sometimes wish you might turn back to them. But face your task, and accept the responsibility and carry it through.

The right kind of self-confidence, founded on the knowledge that you have been thoroughly trained, is an asset; the wrong kind—overconfidence—is a liability; never take it for granted that you *know* when, in reality, you are *uncertain*. And even if your daily round is arduous, it will have its compensations. You will have the supreme reward of work well done, and further, you form ties and friendships with those who, if you are what you should be, will owe you so much. You will be amazed and moved by the gratitude of many of your patients; you will find your life brings you into the closest and most intimate touch with human nature, which, after all, is what makes our little planet so interesting.

Your paths will diverge; some of you will take up public work, some private nursing, and not a few sooner or later will enter the holy bonds of matrimony; as to this last, any remarks of mine would be superfluous.

In the first career—public work—a very large field is open to you. Perhaps I may be permitted to put in a special plea for child welfare. Certainly nothing else builds as splendidly for the future. But in any branch of public nursing—institutional, school, provincial or preventive medicine—you will be an executive as well as a nurse.

In private work there is the opportunity for all those womanly gifts which make the nurse a veritable angel in the house, and the lack of which may make her quite the reverse.

Always you will need an active, ingenious and imperturbable mind. Active, in being able to apply your hospital training to meet conditions far removed from the routine work you have been doing. Ingenious, in being able to use the means at hand to meet the contingency of all cases. Imperturbability, as Dr. Osler says, means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril. It is the quality which is most appreciated by the laity, though often misunderstood by them. From its very nature this precious quality is liable to be misinterpreted, and the general accusation of hardness, so often brought against the profession, has here its foundation.

I do not believe Dr. Osler concerned himself particularly with this accusation, and neither need you. The impassiveness that keeps its head and carries on is worth all the sentimental vaporing that goes to pieces and loses the day. Sympathy is the central force of those who would heal the sick; great-heartedness their mainspring of action; but they must be strong to control the emotions that are the source of their power, that they may govern it with a lucid and unclouded mind.

Remember the long history of mercy and courage behind you. The trained nurse in her training may be the product of modern medical science, but medicine is not modern; it was born as an art—yes, even as a science—long, long ago in the antique world; and if there were physicians then, there must also have been attendants of the sick.

The Founder of Christianity Himself healed the tired bodies of men as well as their souls, and the Christian Church has no brighter page in her history than in the devotion of the religious orders to the sick during the ages of faith, when the lamp of scientific learning burned dim; but the light of charity shone bright before men.

The centuries that built the Gothic Cathedrals and fought the Crusades saw communities of men and women—monks and nuns—who gave their lives to the care of those afflicted with leprosy—saw them labor during the terrible visitations of the Plague—giving consolation to the dying—burying the dead.

A little later St. Vincent de Paul was founding the Sisters of Charity and his great hospital for incurables—without the tremendous advantages of modern scientific training in the dark period before Pasteur and Lister, when the slightest surgical operation carried through sepsis a preponderating risk of death, with no anaesthetics, no pathology, no laboratory findings as a basis of treatment, the physician and the sister devoted themselves to the unequal struggle with disease, and to-day you, inheritors of this great tradition, no less dedicated to your calling than the religious of 300 years ago, possess what *she* never had, the resources of a sure and scientifice education.

And now the last step is to be taken, your training is to become a university course—your diploma will bring with it a university degree; through the efforts of a committee practical plans are being worked out, so that probably next year every pupil nurse will be a university student —this immense benefit will profit both the profession and the laity by maintaining not only a high standard in the actual training but in the previous education of those admitted to the course.

And here I am constrained to speak for a moment of the name and title you are to bear. I should like to see in Canada, as in England, the name of sister used instead of nurse. The former is suggestive of gentleness and service; the latter, of perfunctoriness and servitude.

I should like to see a movement originating with yourselves for a re-instatement of that beautiful term "sister," which is indeed your older, as your finer name; harking back to the by-gone days of which I have spoken. I should like to see you suggest to Manitoba University that it confer some such degree as "Nursing Sister" or "Sister of Medicine" rather than the misnomer "Registered Nurse," which is certainly a feeble substitute for the name "Sister" with its heroic association with brave women during the war, and its implication of the fine humaneness of your tradition. And above all, keep yourselves worthy of that tradition. Never has there been greater need of its spirit than to-day.

You are going out into a world weary and disillusioned after the war, still torn by a struggle in which both sides frankly strive for gain —for the reward. Our place is at once above both, and yet by their side; we are, happily, outside the ground where capital and labor struggle; where one combatant claims the ascendency for material money-getting—the other for material manual work. It is for us to show that there is something higher than all this.

Let me read you again some words of Dr. Osler's:

"There is no more potent antidote to the corroding influence of Mammon than the presence in a community of a body of men devoted to science, living for investigation, and caring nothing for the lust of the eyes and the pride of life. We forget that the measure of the value of a nation to the world is neither the bushel nor the barrel, but "mind"—and that wheat and pork, though useful and necessary, are but dross in comparison with those intellectual products which alone are imperishable."

And our common calling stands for Dr. Osler's ideal almost alone in its double dedication—a moral dedication to humanity, an intellectual dedication to science

Your ambition should be towards unfailing duty and devotion to the great service you have chosen and to science, which is concerned only for truth and for the advancement of the race. Measured by your years of training, your knowledge and your responsibilities, your material reward will be small. But remember the tremendous value and importance of your work; remember that the issue is life and death, and realize what pride will be yours when you have carried your case to victory.

For it is given to you to minister to "God's Poor"—to heal the pain of the world, to lighten the dark descent to death.

To-night your feet are set in a path hard in that it will be marked by many a milestone of sadness, loss and toil; steep because it leads to the heights of self-sacrifice, but radiant because you bear the torch.

THE MUCH MALIGNED POTATO

A moderate sized potato has only the same number of calories as a slice of bread. The reason the potato is in such disrepute is not on account of itself, but because of the calories of butter or gravy that have been consumed with it.—Lulu Hunt Peters, M.D., in *The Health Builder* for November.

What is mine, even to my life, is hers I love; but the secret of my friend is not mine. —*Sir P. Sidney.*

Canadian Association of Nursing Education Department

Practical Considerations Relating to the Centralization of the Teaching in Schools of Nursing

By Harriet M. Gillett, R. N.
Member of the Staff of Training School Inspectors of New York State, Albany, N. Y.

The centralization of schools is not a new idea in the field of general education, although it has only recently been advocated as a means of solving some of the teaching problems in our schools of nursing. High schools, and in a larger sense colleges and universities, are really central schools, made up of pupils who in the case of the former may come from a radius of several miles, and in the case of the latter from a much greater distance. Many rural communities have centralized their elementary schools, the pupils being conveyed at the expense of the town. These schools have been in operation so long that we have lost sight of the difficulties which attended their consolidation, for the realization of the many advantages has so overbalanced the anticipated difficulties that there is no longer any question as to their continuance. It is because we see such great benefits to be derived from the centralization of schools of nursing that we urge the adoption of this method wherever possible.

The small school is especially benefited by this plan, for it is very seldom that we find a well qualified nurse instructor in charge of the class work in the small school, first because there are not enough trained instructors to go around, and naturally the nurse who has prepared herself for this type of work chooses to go to the larger school, and again because the small hospital does not feel able to pay the salary demanded by the better qualified nurse.

Without this person, who understands the importance of the proper planning of the curriculum, the class work is apt to be neglected, for the time of the Directress of Nurses is usually so occupied with hospital duties that she cannot see to the supervision of the class room instruction. Neither is there anyone available to give time to the preliminary instruction which is the chief support of the remainder of the course.

When classes are small there is a temptation not to give the subjects in the proper sequence, but to have both intermediates and seniors go to the same class, or perhaps probationers, juniors, intermediates and seniors. Because of the pursuance of this method we see probationers taking senior subjects and seniors taking the basic sciences.

With the adoption of the central school several hospitals unite in bearing the expense of a capable person to direct the class instruction. The increased number of pupils not only adds to the interest and enthusiasm, but makes it possible to arrange the work so that each class

gets the subjects best suited to its needs, and the use of one suite of class rooms for several schools does away with the duplication of expensive equipment.

Besides the economic gain which the hospitals experience from the centralization of their teaching, there is a conservation of time on the part of the medical men who lecture to the students. Often one doctor lectures in two or three different schools. He appreciates this arrangement which makes it possible for him to address these different groups together.

As we all believe that schools of nursing should be financed, in part at least, by the state, we might note in passing that one central school, where all the pupil nurses of the community receive their class instruction, will attract the attention of the public and will be much more likely to win a state appropriation than would several small schools administered as they are to-day.

Those hospitals which are venturesome enough to try the experiment of the centralization of their schools will be closely watched, and for this reason it is most important that they plan carefully, because mistakes grave enough to result in failure will tend to discourage hospitals whose more careful planning might have demonstrated to the public the wisdom of the project.

The followng pages point out some of the important points to be considered in arranging for a central school:

(1) From the beginning there must be manifest a belief in the success of the undertaking, and an active interest in it by the superintendents and the members of the training school committees of the different schools represented. This belief will help to find a happy solution for any problem that may arise.

(2) In addition to this belief there must be a hearty co-operation on the part of all in any way connected with the school. This includes the graduate staff in each hospital and the pupils. The immediate success of the project depends in a great measure on their attitude toward it, and this will be determined largely by the superintendent's attitude toward them. If she is a tactful leader and enjoys the respect and confidence of her subordinates, they will believe in the school as she does, and give it their generous support.

(3) There must be a committee in whose hands the direction of the school lies. The personnel of this committee will vary with the different types of school. Each uniting school should be represented by the superintendent of nurses, at least. In addition to this committee for the central school it may be necessary for each hospital to maintain its own training school committee.

(4) Perhaps the most important factor in the success of the school is the fitness of the person selected as the educational director. She must be tactful, fair-minded and free from favoritism, a good

executive, well versed in the principles of teaching and able to apply them. She should have had some experience in hospital supervision, as this enables her to better understand the problems of those with whom she is to co-operate. It will be necessary to pay this competent, well-trained woman of experience a good salary, as it is better for her to live away from the hospital.

(5) The principals of the schools and other members of the central committee should meet frequently with the educational director to determine the policies of the school and the details of the work. It is important that representatives of each school should be present at each meeting and that minutes of the proceedings be kept, that there may be no doubt later regarding actions taken.

(6) If the school is connected with a university, college, medical or technical school, there is no question as to the location of the class rooms. If, however, it is maintained as a separate school, class rooms must be provided, and these should be as centrally located as possible. There should be a lecture room, a demonstration room, a dietetic laboratory, and a science laboratory.

If any of the hospitals have class rooms large enough to accommodate this larger group. there is no reason why these should not be utilized. While it would be more convenient to have these together in one suite, there would seem to be no great objection to using a lecture room at one hospital and a demonstration room at another. If, however, none of the hospitals have rooms that can be made use of, it becomes necessary to rent some place for the purpose, unless arrangements can be made with the high school or some other school in the town to provide the same. There is sometimes a dietetics laboratory at the Y.W.C.A. or at the Community House which can be rented for a nominal cost, and it is often possible to make arrangements to use the high school dietetics laboratory on Saturday mornings. In some places the science laboratory at the high school is available for the use of the student nurses. Those towns which have a county laboratory furnish another possibility The pathologist in charge might be willing to co-operate in the movement by teaching the bacteriology and pathology, in which case he will probably wish to use his laboratory for some of the work.

(7) *The equipment* of the lecture and demonstration room is a very simple matter, as the different schools represented can assemble the equipment they already have. This should be evaluated and inventoried, each directress of nurses keeping a copy and one being left with the educational director. The articles which need to be added should then be determined, and the hospitals which have contributed the least should supply these until their quota has been reached, when the additional expense should be divided evenly among all. An inventory of all new equipment with its cost should be kept.

The practical demonstration room should be furnished like a small ward with at least five beds and equipment sufficient for five pupils to give the same treatment at once.

(8) Each school should keep its own reference library as at present, but the educational director should have a list of the books in each, that she may know what assignments can be made. For general use at the central school the instructor in New York State can get twenty-five books from the State Traveling Library for $2.00. If an additional twenty-five are ordered at the same time, they may be secured for one dollar extra. Renewal privileges are granted. Information regarding the traveling library may be secured by communicating directly with the Library, at the Education Building, Albany.

(9) The educational director should be responsible for all class instruction. She should see that schedules are made out, after having consulted the principals of the various schools regarding the hours for class instruction. Copies of the schedules should be sent to each school. She should confer with all part-time instructors regarding their specialties, giving them outlines of the work to be covered. She should attend these classes as frequently as possible to see that the pupils are profiting by the instruction.

She should keep class books and send reports to the different schools, giving sufficient data to complete the summary cards.

She should be responsible for the class room equipment and should be present at meeting of the committee.

(10) The principals of the schools should uphold the educational director. They should see that the pupils are relieved from hospital duty in time to get to class at the appointed hour and that the nursing procedures in the hospital conform to the class instruction. This will in many cases necessitate classes for supervisors where nursing procedures may be demonstrated and discussed.

The principals should see that their pupils are supplied with text-books at the beginning of the term. It is a great handicap to the work to have these delayed for even a short period. They should also arrange a system for the loaning of reference books, that these may be readily available.

Each principal should recruit her own pupils and make sure of their eligibility. She should arrange for the instruction to be given at the affiliating schools.

It is necessary that pupils enter at regular intervals and that the dates of entrance to the consolidating schools be the same.

(11) If the school is a department of one of the higher institutions of learning, the type of institution determines the branches which can be taught there. If it is a medical school, the majority of

the courses can be given by the members of the faculty of the medical school. If it is a technical school, subjects like chemistry, nutrition and dietetics can be given by the faculty of the school, but many of the subjects must be taught by the nurse instructors and the doctors of the community. It is advisable that the instructors be paid, whether they be doctors or laymen.

The theory of the practical nursing should be taught by the instructor, unless she teaches so many of the sciences that she does not have time for this. If possible she should teach it, or very carefully supervise its teaching, for it is the most important part of the entire curriculum, and it demands a more expert teacher than almost any other of the subjects. To be sure, many nurses can demonstrate procedures and teach pupils to be deft in movement and accurate in details, but it is more important, as well as more difficult, to make them understand why they do things as they do, and why they get or do not get the desired reaction. One must have the basic sciences very well in mind when teaching the theory of nursing, in order that connection of theory and practice may be made at every turn.

It would seem a wise arrangement for one of the graduate staff of each hospital to attend these classes in theory and conduct the class room practice of her own group of students. She could then follow their work on the wards and could conduct classes for the ward supervisors.

The practical work in connection with obstetrical, medical, surgical, communicable and children's nursing could also be taught by supervisors of these different departments under the supervision of the educational director.

The hours of instruction vary with the amount of work given. If only the minimum demanded by the New York State be given, twelve hours weekly are called for during the first two months of the preliminary course and thirteen hours weekly during the second two months.

If the course is of three years, there will remain five periods of four months each for class instruction. If during the first one of these, five hours of class work weekly are given, only three hours weekly need be given during the last two years.

If the course be two years and four months, there will be four 4-month periods for instruction after the preliminary course, and four hours of class work weekly would need to be given.

This means that with the three-year course the probationers would have two or three hours of class work daily, the juniors one hour daily and the intermediates and seniors only one hour, three days in the week. With the two years' and four months' course, the probationers would still have two or three hours of class work daily

and all others in the school one hour a day, four days in the week, or two hours twice during the week. This arrangement allows for four months each year when no classes at all are given.

The first year or so of the central school are the most difficult from the administrative standpoint, for in most cases the length of the course, the date of admission and the arrangement of the class work vary greatly in the different consolidating schools. But if the administrators believe there is a solution for all these problems, and if they have patience to persevere till the right solution is found, there is no doubt but that the central school will demonstrate its great improvement over our present unsatisfactory system; we shall all wonder why its universal adoption has been so long delayed.

By permission of the Editor of the
American Journal of Nursing.

A NURSE'S PRAYER

I dedicate myself to Thee,
O Lord, my God! This work I undertake
Alone in Thy great name, and for Thy sake.
In ministering to suffering I would learn
The sympathy that in Thy heart did burn
For those who on life's weary way
Unto diseases divers are a prey.
Take, then, mine eyes, and teach them to perceive
The ablest way each sick one to relieve.
Guide Thou my hands,
That e'en their touch may prove
The gentleness and aptness born of love.
Bless Thou my feet, and while they softly tread
May faces smile on many a sufferer's bed.
Touch Thou my lips, guide Thou my tongue,
Give me a word in season for each one.
Clothe me with patient strength all tasks to bear.
Crown me with hope and love, which know no fear,
And faith, that coming face to face with death
Shall e'en inspire with joy the dying breath.
All through the arduous day my actions guide,
And through the lonely night watch by my side,
So shall I wake refreshed, with strength to pray
"Work in me, through me, Lord, this day!"

—British Journal of Nursing.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

The Canadian Central Relief Committee, formed at the commenmcement of the war, made a working arrangement whereby the Canadian Red Cross Society, the St. John Ambulance Association and the St. John Ambulance Brigade co-operated in providing auxiliary aid to British sick and wounded. Under this arrangement the Red Cross provided the funds and the Association and Brigade trained and mobilized personnel. The official report to the tenth International Red Cross Conference, which we have been privileged to see, states also that "Grants were made of $283,500 to the St. John Ambulance Brigade; $25,000 to the St. John Ambulance Association, and £2,500 to equip a ward in the St. John Ambulance Brigade Hospital at Etaples."

Slide 278. Major General George Sterling Ryerson, Hon. Colonel-in-Chief of the C. A. M. C., through whose timely action Canada's Auxiliary Volunteer forces for the care of the sick and wounded were first organized. Founder of Association of Medical Officers, Canadian Militia, 1892; General Secretary, afterwards President. Founder of St. John Ambulance Association in Canada, 1895; General Secretary 15 years; Past Vice-President; Founder Canadian Red Cross Society, 1896; Chairman of Executive 12 years; President, 1914-1916. Succeeded by Duchess of Connaught. Red Cross Commissioner with Lord Roberts' Headquarters in South African War. Served in Fenian Raid 1870; N. W. Rebellion, 1885, as Surgeon Royal Grenadiers. South African War 1900; Great War, 1915, as President of the Red Cross and Inspector of Red Cross in France; was attached to Austrian Army in 1878 as temporary Assistant Surgeon during occupation of Bosnia and Herzogovina. General Ryerson's eldest son was killed in the second battle of Ypres; his wife went down on the Lusitania. His daughter, Miss Laura Ryerson, escaped from the torpedoed vessel and was afterwards decorated as a Lady of Grace of the Order of St. John for "courage, fortitude and unselfish devotion in the Lusitania disaster."

On the retirement of General Ryerson from his Presidency of the Canadian Red Cross at the end of 1916, a resolution of appreciation of his long and active service in connection with the administration of Red Cross affairs in this country, both as the original promoter of the Society's foundation in Canada, and in his other capacities, was passed. In 1901 he was created a Knight of Grace of the Order of St. John.

Slide 279. Lady Drummond. Undoubtedly one of the most representative Canadian women of her time. Noted as a philanthropist and practical idealist, her devoted war service and splendid organizing capacity, combined with large personal means freely yielded in the national cause, made her

an important figure in the history of the Canadian Red Cross, under which she held office in London as Head of the Canadian Information Bureau for Prisoners and Casualties throughout the war, and since the spring of 1918, as Assistant Commissioner of the Canadian Red Cross Commission. In the spring of 1920 she was one of the three delegates appointed from Canada to attend the first International Conference at the League of Red Cross Societies.

Lady Drummond is the daughter of the late Mr. A. D. Parker, of Edinburgh. She was brought up and educated in Montreal, and was one of the few women of that place and time to share the higher instructional privileges of the "Ladies' Educational Association," an organization which immediately antedated the admission of women to McGill University. She married, in 1879, the Rev. George Hamilton, M.A., of Quebec, and two years after his death, which occurred in 1880, the Hon. George Drummond (later Sir George Drummond, K.C.M.G.), also of Montreal. Endowed with social position, a clear intellect, and an overflowing enthusiasm for the righteousness that is from above and for the social welfare of her community, gifted too with a natural power of expression that lent eloquence to her presentation of the many social problems that lay close to her heart, Lady Drummond stood behind practically all the social advances that were made in Montreal and the vicinity, during the two decades that ended the nineteenth and began the present century, with an influence for good that has left an indelible mark. In 1893 she assisted Lady Aberdeen in the organization of the National Council of Women in Canada, and she was elected First President of its Montreal Local Branch, and in this capacity she assisted Lady Aberdeen in formulating the plans for the organization of the Victorian Order of Nurses in Canada, and the Charity Organization Society of Montreal.

In recognition of national and civic service rendered in Canada, Lady Drummond was created, on July 30th, 1912, a Lady of Grace of the Order of St. John of Jerusalem, and in the year 1916, on the ground of a distinguished war service rendered through the organization and development of the Canadian Red Cross Information Bureau, she was raised by the King to the still higher grade of a Lady of Justice of that Order, an honor that has not been awarded to any other Canadian. At the Centenary Celebration of McGill University on October 14th, 1921, the degree of L. L. D. was conferred upon her honori causa.

Like most of those who have given their best in the nation's cause, Lady Drummond's war ministry was tinged with personal sacrifice. Her only son, Capt. Guy Drummond, fell at the head of his men during the first gas attack at the second battle of Ypres.

Illustrations of Canadian Red Cross activities in the Great War.

Slide 280. The entrance to the Canadian Red Cross Information Bureau in London, opened by Lady Drummond on February 11, 1915, the day after the first of the Canadian Contingents landed in France. Lady Drummond is seen within at her desk.

Slide 281. Canadian Red Cross Car in Princess Christian Ambulance Train (British Red Cross).

Slide 282. Motor Ambulance Convoy at Etaples, presented by the Canadian Red Cross. The ambulances were driven by women.

Slide 283. Recreation Hut, presented by the Canadian Red Cross to the McGill Hospital.

Slide 284. Chest ward at McGill Hospital. The gift of the Canadian Red Cross.

Slide 285. Recreation Hut, presented by the Ottawa Valley Red Cross to No. 1 Canadian General Hospital at Etaples.

Slide 286. Interior of fractured femur ward in Canadian Red Cross Society Hut at Etaples, showing Balkan beams in use.

Slide 287. The entrance hall of the Canadian Red Cross Special Hospital, Buxton, at Christmas, 1916, showing the characteristic Canadian decorations.

Slide 288. The Duchess of Connaught Canadian Red Cross Hospital at Taplow. One of the gardens between the wards.

Slide 289. The same Christmas decorations in Alexandra ward.

Slide 290. Sports at Taplow. Miss Edith Campbell, R.R.C., (Matron) at the Hospital. Fourth from the right in the picture.

Slide 291. God's acre at Duchess of Connaught's Canadian Red Cross Hospital at Cliveden.

Illustrations of Activities of Joint American and Canadian Red Cross in the Great War.

Slide 292. The American and Canadian Red Cross Hospital at LaPanne, Belgium. This hospital was organized in 1915 and did a magnificent work under the command of Dr. DePages, the Belgian surgeon.

Slide 293. The same. Interior of a ward.

Slide 294. The same. Operating Theatre.

(To Be Continued)

HELP HELPLESS BLIND BABES

A Dominion Charter, without stock subscription, was recently obtained for the establishment in the city of Ottawa, of a Home, Nursery, Hospital and Kindergarten, for the blind under six years of age, free to all from any Province in the Dominion. So far nothing has been done for those poor unfortunates. According to reports received from the various Provincial authorities, there are at present nearly 250 in the Dominion. The late Sir Arthur Pearson, before his death, claimed that "Sunshine Home," at Chorley Wood, England, was "the only home in the Empire for Blind babies." It is hoped shortly to have the SECOND in Canada. To this end money is urgently required. Help us with your generous gift. "Lest we forget; Do it now!" Cheques should be made payable to the Canadian Blind Babies Home Association. Remittances will be promptly acknowledged.

Address J. F. McKinley, Treasurer, or C. Blackett Robinson, Cor. Sec., 188 Dufferin Road, Ottawa.

Editorial

January 1st, 1923—New Year's Day—is now here, and what is this new year of opportunity to mean to the graduate nurses of Canada? One common complaint, and one too true of us all, is that, after graduation, the nurse settles down to work faithfully and steadily at her profession, whether it be in an executive position, public health nursing or private duty, and feels that, if her work is done well and no complaints made of her work, her whole duty is done. Is it? Are we not more than a nursing machine, however effectual we may be, and more than a mere atom in the every-day working world around us? Can we afford to allow ourselves to think, or others to think it of us, that we do not realize our position as citizens. Our provincial duties, as well as our federal privileges and duties, are often allowed to lapse, and even the franchise which was so hardly won means very little if anything to nurses. Much, very much more should be expected of us, a group of picked women, with the superior advantages of training in a school for nurses with its strong influence on our characters, giving us the poise and ability for professional responsibility that has been a cherished reputation for years as Canadian nurses. The usual complaint that the nurse has very little interest in anything outside her personal professional work, with indifference towards her nursing organizations, civic duties and privileges, and with a scant knowledge or interest in the big things of the day, is unfortunately only too true of a great many women, splendid and faithful in their narrow road. If we did not know that those women, who are working all over the Dominion for nursing progress and interested in all matters of the public good and also the busiest women holding an equally high standard for efficiency and professional ability, we might agree with the nurse who tells you she has not time to read nor can she speak at a meeting.

How many graduates feel that they have any responsibility to their training school other than to keep up, personally, the high standard set by those who trained them. Do they not owe much to the younger generation—those who are still in training? Can they not bring, by mass of numbers, pressure on governments that will allow financial support sufficient to enable the school to be a real school as other secondary schools are financed? We can do this. Other women have succeeded in getting just as difficult matters through the legislatures, but it was not sitting still and saying that "the Government" or "they" should do so and so, but by working and by pressure of numbers—voters' names—that bring these things to pass.

Our duty, neglected so far, is shown us by a resolution originally sent in by the Alberta Hospital Association to the Alberta Medical Association, and by them endorsed, saying, "That whereas it is universally recognized that the supplying of facilities for educating and training

pupil nurses is a public service, the adequate performing of which entails considerable outlay to the hospital maintaining training schools, therefore be it resolved that the 'Special Committee on Legislation' be requested to bring this matter to the attention of the Provincial Government, with a request that suitable remuneration be provided for hospitals maintaing training schools". While we are glad indeed to have this taken up by the hospitals and physicians, it is something concrete to work for. It is our right and privilege, as well as duty, one and all, to start this year with a determination that this and other kindred matters be taken up. It is easier to blame "the Government" or "they," or any of the useful camouflages, for duty undone, but as citizens, with the ballot to use, it is distinctly our own fault if we allow the present apathy and indifference to exist.

* * * *

There will be noticed in this issue an attempt to get interest started in another department—one written by the students in our Canadian Hospital Training Schools. This suggestion was put forth at the Convention in Edmonton, but thus far Saskatchewan is the only one who has sent in material. The pages of the magazine will be open, and most willingly too, to the students throughout Canada. Here is an opportunity for those in charge of schools to interest their students in the magazine and contributions to their own page.

The Nurse's Book Shelf

The fiftieth anniversary of the establishment of the Training School of the Massachusetts General Hospital, Boston, has brought forth a most interesting history of the school from the pen of Miss Sara Parsons, who for some years was Superintendent of Nurses. The story of the change from old conditions of nursing through the birth of the school to the present day conditions interest us all, and we Canadians particularly enjoy the descriptions given of the work done by Miss Brown, a Canadian, and the printed reminiscences of Miss Elizabeth Robinson Scovil, so well known to all the readers of the *Canadian Nurse* for her contributions to our pages. Miss Scovil (1880) is the literary representative of the pioneer graduates. Her article on "Home Nursing," published in 1879 in Scribner's magazine, was the fore-runner of the many articles in the magazines on this and kindred topics. She was for 12 years associate editor of the *Ladies' Home Journal,* and for 20 years a Department Editor of the *American Journal of Nursing.* This magazine has been fortunate enough to have her on our staff, and her untiring help was always at our disposal till about a year ago, when family reasons made it imperative that she leave her work for the time. The

Editor hopes that it will not be long before she again opens up her departments. Among her treasures are letters from Florence Nightingale and the remembrance of three visits to her in England. It is well for all nurses of the present day who have had the fruits of the work, thought and struggles of the brave, farsighted women who were among our first graduate nurses in Canada and the United States, to read this well-written history of one school, and "think of their mercies" who train in the schools of 1923.

This history is not only the history of the one hospital, but practically of all those first attempts to raise the standards of nursing. It is good for us to consider the struggles and hardships of these first brave women and measure ourselves by their standard.

"I asked the New Year for some motto sweet,
Some rule of life with which to guide my feet;
I asked, and paused; he answered soft and low:
'God's will to know.'
"'Will knowledge then suffice, New Year?' I cried;
And ere the question unto silence died,
The answer came: 'Nay, but remember too,
God's will to do.'"

WHAT IS GOOD POSTURE?

Good posture is that posture of the body which best helps the man to do his work day in and day out with no useless expenditure of energy, but with the best advantage to the action of the heart and lungs and all the rest of the organs of the body. Good posture is for a life time. Life is a test of endurance. Its length depends upon the ability of the internal organs to keep on working and to keep on working together.

Good posture must first favor the good working of the bodily organs and it must do this at the least expense in effort, which it must be remembered costs a certain amount of organic labor to maintain.

Good posture shows vitality just as good posture helps vitality. We know it when we see it because we feel the power and strength that is behind it. The essentials of good posture are four—the high head, the high chest, the straight back and the flat abdomen. This is an attitude of power and confidence, an evidence of lithe repose. The arms are neutral and hang naturally at the side without strain.—C. Ward Crampton, M.D., in *The Health Builder* for November.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Mackenzie,
Superintendent Nursing Service,
Provincial Dept. of Health,
Halifax, N. S.

New Brunswick
Miss Harriet Meiklejohn,
Health Centre,
St. John, N. B.

Quebec
Miss I. Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss E. J. Jamieson,
Director of School Nursing,
Provincial Department of Education,
Parliament Bldgs., Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss C. M. Kier,
c-o The Y. W. C. A.,
Moose Jaw, Sask.

Alberta
Miss Elizabeth Clark,
Provincial Parliament Bldgs.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

Progress of the Public Health Section of the Canadian National Association of Trained Nurses

Resolutions passed at the annual meeting of the Public Health Section in Edmonton provided for the appointment of Committees on Publication and Education.

Miss Laura Holland, Director of Nursing Service, Ontario Red Cross, has consented to act as Convenor of the Publication Committee. Her Committee will be composed of a Public Health Nurse, chosen from the Public Health Committee of each of the eight provinces. Beginning with the February issue of the *Canadian Nurse*, this Committee will have charge of the Public Health Nursing Department of the *Canadian Nurse*.

Miss K. S. Cowan, Supervisor of Field Work, Department of Public Health Nursing, University of Toronto, will act as Convenor of the Committee on Education. The members of the Committee will be three provincial representatives chosen as representing Eastern, Central and Western Canada.

The first task assigned to this Committee is that of preparing for publication in the *Canadian Nurse* the report of Minimum Standards for Public Health Courses in Canada, read at the annual convention in Edmonton.

We are grateful to the provincial associations for the prompt appointment of Convenors of Provincial Public Health Committees for the present year. A letter indicating suggested activities for Provincial Public Health Committees has been sent by the secretary of the section to the newly appointed representatives.

The Executive of the Section wish the newly appointed Committees on Publication and Education every success, and realize that their formation indicates very definite progress in the development of the Public Health Section of the Canadian National Association of Trained Nurses.

FLORENCE EMORY,
Chairman, Public Health Section.

Industrial Nurses Hold Conference

The Industrial Nurses, who form a sub-committee of the Public Health Committee of Ontario, held their regular meeting at the Graduate Nurses' Club, Friday, November 24th, 1922.

This meeting, as usual, took the form of a dinner, during which the nurses discussed many phases of industrial nursing. Special interest was given this meeting by the presence of Miss Malloch, Industrial Nurse for McClary's, of London, and Miss B. Jones, Industrial Nurse with the Empire Cotton Mill, Welland.

After dinner, Dr Ruggles George, of the Ontario Division of the Canadian Red Cross, spoke to the nurses of the necessity of keeping in touch with new developments in Public Health Nursing through reading. The Red Cross, through their library department, brings practically all periodicals connected with Public Health within the reach of those who are interested. A bulletin, which they isssue regularly, gives a brief summary of the special articles each month, so that one is enabled to select readily the magazine that interests her and which, on request to the Red Cross, will send her.

Dr. George's talk was much appreciated by the nurses, who feel indebted to him for his suggestions. It is such talks as these which give conferences their value.

MURIEL MACKAY, Convenor,
Sub-Committee on Industrial Nursing for Ontario.

Conference of County Public Health Nurses in the Province of Nova Scotia

The public health nurses that are working under the direction of the Department of the Public Health, in the various counties of the province of Nova Scotia, attended a conference which was held in Halifax on the 8th of November. Before the meeting opened for business or discussion, these nurses were addressed by the Provincial Health Officer, Dr. W. H. Hattie, Honourable G. H. Murray, and the Acting Provincial Red Cross Commissioner, Dr. H. A. Chisholm. At the afternoon session, matters of general interest were discussed by the nurses. A free discussion annually of the many problems encountered by these nurses is of invaluable assistance to them.

It is hoped, in the future, that this conference and the annual meeting of the Provincial Graduate Nurses' Association may be held at the same time and place so that all nurses interested in public health nursing may hold a short session.

MARGARET MACKENZIE,
Convenor, Public Health Committee, Nova Scotia.

Laurentine Health Service, Grand 'Mere, Quebec

In describing the work carried on in Grand 'Mere by the Laurentide Health Service, I wish to point out to Public Health Nurses the wide and interesting field open for them in Industrial Nursing. More and more in this democratic age do we realize the need of health work conducted on a sound economic basis. Industry supplies this and avoids all that loss of self respect to the working man arising from philanthropic agencies.

At Grand 'Mere, for a population of 8000, all directly or indirectly employed by the Laurentide Pulp & Paper Comopany, we have five nurses working on the District with a monthly average of 1100 visits. One nurse is in charge of a Child Welfare Centre, with an average attendance at weekly clinic of 30; 300 visits per month are made. One nurse at First-Aid Department in the plant averages 240 dressings per month.

Grand 'Mere being a small isolated town without hospital facilities, the Company has found it necessary to support a small hospital of 14 beds, employing four nurses.

At the Health Service office, the Company Physician examines ev[illegible] employee once, then at stated intervals as classed in health standa[illegible] Out of 1000 men we have found 3½% in A1 health, 66% in B2 h[illegible]

and 23½% in C3 health; the rest, who fall in class 4, are too ill to be employed. This we considered a serious state of affairs, the class B2 showing not sickness but physical imperfection due to lack of hygiene. We are in consequence putting up a continued campaign for hygiene, by lectures, moving pictures, talks to the men in the plant, and the most important, the daily teaching in the homes by the District Nurses. We also have a nurse making two visits weekly at one of the schools for inspection, but the health talks to the children are given by the teachers on the principle that some knowledge of the subject, added to the gift of teaching, goes much farther than a deeper knowledge without the ability to impart it, as found in so many otherwise excellent nurses.

In the same way a visiting nurse giving bedside care can convince her patient and the family of the value of hygiene sooner, because of the weight given her advice by her practical work.

As you can see, our work here is in its infancy. In time we hope to get nursing service into all the schools and get a better standard of health in the plant. We are aided enormously by the Insurance Department organized by our Health Director.

The assurance of the Mutual Benefit Association is carried by a committee of employees, giving nursing visits free to their policy holders, paying us, and making loans to help in many ways. We carry also the nursing for the industrial policyholders of the Metropolitan Life Insurance Company of New York.

Good insurance added to health service means a great deal to productivity. An employee worried about debts, or a sick wife, may give as low as 50% to 75% productivity, but a man with his mind free from cares, his future assured, will give 100%.

Let me say again that Health Service in industry is a sound business proposition.

For District Nurses' visits, we charge 75c. whether paid by the Insurance Company or the individual. This branch pays for itself. Hospital charges, which vary from $1.50 public to $5.00 private patients, with usual charges for operating room and X-Ray, has, of course, a monthly deficit which is paid by the Company. No hospital pays for itself by fees such as these, especially if small, but hospital maintenance is not a necessary item for most indutries who can get accommodation for their employees in city hospitals for $2.00 a day.

The dressings done at the First Aid office show a dividend, if the saving of lost time and the fee of a doctor to do each dressing, if no First Aid was supplied, are considered. In fact, leaders of industry are seeing that it does not pay to be without a good, well organized Health Service, if only from the standpoint of a tangible cash value.

The intangible good it does in such ways as improving relations between employer and employee will be, by most industrials, rated even higher than the financial side.

The nurse going to the home from the industry, whether for wage-earner or family, comes with a great opportunity for teaching health. The breadwinner looks at her through the eye of the employer who is learning more and more that good health means dollars and cents to him and his family, that it is wiser to prevent than cure, and *costs less*—that is the crux of the whole thing.

Self preservation is man's predominant ego, which we can make use of in industry better than in anything else to make a healthier, happier and more self-respecting race.

MARGARET E. JOHNSON, R.N.,
Nursing Service.

IN A HOSPITAL

By Ignatius I. Murphy
Author of "Behold the Flag"
St. Elizabeth's Hospital, Lincoln, Nebraska.

On beds of pain the stricken lie
The hours passing slowly by,
While Life and Death their vigil keep
For some must die and some must weep.

Minist'ring angels come and go,
Black-robed sisters to and fro.
Of calming touch and soothing word,
No gentler voices ever heard.

The busy world beyond the pane
From which to these white cots we came
Recks little of the absent one,
The ranks are filled e'er day is done.

A moan, a groan, the Spirits nigh,
A pallor strange, the last, last sigh,
Fond hearts breaking—from anguished bed,
Perhaps to God a soul has sped.

But doctor, nurse and chaplain's prayer
A hopeful, healing message bear
And many walk the sunlit way
Of health and strength in brighter day.

Oft souls are saved in House of Pain,
For vows are made to live again
In better lives and kinder deeds
By suff'ring ones in hour of need.

Helpless, indeed, humanity,
Face to face with eternity,
Yet House of Pain, affliction's rod,
May serve for all as House of God.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road,
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
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Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

A Financial Basis for Extending the Work of the Graduate Nurse to the Whole People

By Richard M. Bradley,
Trustee of the Thomas Thompson Trust, Boston Mass.

As a layman and a business man, I wish to speak on certain economic aspects of the nursing profession, in the belief that until certain economic defects in the present methods of nursing service are recognized and dealt with by nurses and their leaders, those features of the situation which everyone knows are unsatisfactory will continue, and will not be remedied by the many efforts, legislative and otherwise, that have absorbed much of the collective energy of the profession.

For more than twenty years, in connection with the use of money in dealing with the exigencies of sickness and maternity (having had occasion to expend for the purpose many hundred thousand dollars and having dealt with very many individual cases), I have come in contact with much nursing work in its direct application to the people. In this I have seen many able and noble women expending themselves to alleviate sickness and suffering and have seen many of them insufficiently compensated, not only in money but in results; therefore I feel I may not remain silent if anything can help which may be contributed from one able to look at the matter from a somewhat different angle, the economic and financial side as contrasted with the technical and professional side.

Financial System is Primitive

It has been discovered lately that in all therapeutic work the technical advance has gone ahead of progress in financial and organization

lines, and steps are being taken in certain directions to remedy this. It would be a great misfortune if in this the graduate nurse was left out of consideration, and I therefore wish to indicate how she has been injured, and how she should come in, when dealing with plans for remedy.

Our general problem of care in sickness and maternity involves the application of modern methods to a population about 80 per cent. of which belongs to the class called independent persons of moderate means.

According to recent estimates, the body of people with incomes of $2,000, or less, received about 60 per cent. of the gross annual income of the country, or some $37,000,000,000 more or less. Since members of this class largely support the country, they must necessarily carry their own expenses, and success in giving them the advantage of modern therapeutic methods must therefore depend upon diverting an adequate part of their own income to this purpose.

Our trouble is that we are trying to operate with an old financial system that is too primitive for modern requirements.

Formerly, the ordinary family looked almost entirely to the family doctor and to the practical nurse in the emergencies of sickness and maternity, and although many lives were lost that would now be preserved, and much suffering and disability went without remedy, the financial problem was comparatively simple and was settled between the parties on personal lines. The case is different now. We have the hospital, the specialist, the surgeon, and the graduate nurse, all necessary if life and health are to be preserved, but all involving exceptional expenses.

These expenses are not of the class called regular living expenses, such as food, clothing, rent, etc., but are of what might be called the catastrophe class, like fire or accident, striking here and there and involving exceptional families at irregular times in great expenses.

They are, however, expenses that can perfectly well be met through the benefit payment or insurance method, by distributing the exceptional loss over many families and over longer periods of payments, as is done with regard to other similar expensess and as is done for certain kinds of nursing service for the poorest part of the population by the Metropolitan Insurance Company.

In this connection, I find that there is an idea that such liabilities are covered for other classes by ordinary insurance underwritings, but so far as I can ascertain such policies are very limited in their number, seldom cover service to be rendered in sickness but merely loss of earnings, and seldom even then cover more than what happens to the income earner and not what happens to the earner's dependents.

Now, what is the effect of this condition of affairs upon the various modern agencies that have sprung up to handle sickness, especially the hospital, the specialist, the surgeon and the graduate nurse?

The hospital trustee and the nursing organization committee pass around the hat with intensified effort to meet their mounting deficit. Their endeavors in too many cases fall short and have the added disadvantage of undertaking to fulfil a vital public function that cannot be adequately discharged by the contribution method. In many cases they have lamentably failed in seasons of stress. They are conducting a great and important public industry without adequate financial foundation, and they are too often confronted with the alternative of not doing necessary work or inflicting great apparent hardship by charging heavily for it. This last may also be said of the hospitals that are supported largely through payments made by their patients.

The surgeon and the specialist have evolved the practice of charging Peter for the service of Paul. The difficulty of this method, apart from the liability to abuse, is that he can no longer extract from his richer patient sufficient to give adequate service to the poorer.

The result of all this has been inadequate service, hardship and general public dissatisfaction, and I have personally seen the hard-earned results of many years' saving swept away, and independent families reduced to suffering and dependence, all through perfectly legitimate charges for services rendered by hospitals and doctors and nurses.

Nurse Deprived of Birthright

Now when does the graduate nurse find herself affected by this state of affairs? *I think it may be said that she is deprived of her birthright.* Her place is at the bedside of thousands and thousands of difficult and critical, often desperate cases, throughout the country where she is now unknown and often not even thought of. She cannot find full happiness and satisfaction in her work till this reproach is removed for which she is not to blame.

We have in the newly graduated nurse a young woman sent out from her place of education after giving three or four of her best years to preparation ostensibly to do work that is now financially inaccessible in 80 per cent. of the cases where it ought to be done. It is work at which she can probably not labor more than two-thirds of her time and retain her health and strength, and whether her hours be made longer or shorter, the years in which she can give her best powers are limited. In order to provide for herself and for her dependents, she must be adequately paid and that adequate pay must be a great expense at whatever amount it is finally placed.

She is not needed for all the cases of sickness; there are many that can be cared for by others (and should be so cared for) under her direction, and there is much work that has got to be done in the families of the sick that she cannot and should not do. But there *is* work that she should and must do in this great field all over the country now closed to her, a field that calls for all and more than all the graduates can do were that work properly organized and financed.

It is no satisfaction to her to see the morale of her profession undermined, by having the members in private nursing diverted to coddling the elderly rich or caring for the children of wealthy families in order that the mothers may shed their cares and travel, when she knows that in thousands of humble homes her services are needed by those who are suffering and dying for the lack of the skilled nursing that she alone can give. It is no satisfaction for her to find that in much organized nursing she is the pauper's rather than the people's nurse, and that the program laid out cannot possibly cover the people's needs.

Legislation Is Not Remedy

As to the remedy. It is no remedy to rely on legislation, for no more limiting of the numbers of women who do nursing will remedy the trouble. The way to overcome illegitimate competition of this kind is to do the work properly that has got to be done or to see that it is properly done. Moreover, there are none too many laborers in the field, and many now working there, if rightly organized and directed, would find a proper outlet for their energies and do their work better.

It is useless to turn to organized nursing as at present usually conducted, for that too, in spite of the examples afforded mostly in other countries, makes little or no provision for benefit payments (except through the Metropolitan).

In Chicago, all but 13 per cent. of organized nursing work depends on contributions and is limited in amount by what can be so raised. Boston is a little better but not much, and St. Paul until recently was entirely charitable as to its organized nursing. These are types. This organized work was originally started as charity, and in spite of certain valuable demonstrations, its progress in getting out to the people has at times seemed hopelessly slow; it also needs the same remedy in the same way of distributing the burden through benefit payments.

As to the nursing and medical professions, the work of properly organizing the finances of therapeutic work in this country can hardly be put upon persons whose entire energies must necessarily be taken up by technical and administrative work. The most that can be asked of them is that they shall not insist upon impossible financial methods for accomplishing that which they wish to have done.

The point of attack is the business and financial people who are responsible for your hospitals and nursing organizations. What is needed from them is less philanthropy and check drawing and more of the business brains that they give to other things. They must organize insurance and benefit payment, so that the people's needs can be met out of their own pockets. You should tell them that if they want young women to enter hospitals and become nurses, they must organize the finances of nursing so that she can do her work where she is needed when she graduates. They must do this just as they must reorganize the finances of their own hospital and surgery work, so that the ordinary independent

citizen can pay for what he needs to have supplied. Otherwise—and they are beginning to know it—they will have the whole thing taken over by the state and thrown into politics.

There are signs of better things. I hope you will watch the Henry Street work in New York, and the Missouri Valley Hospital in Kansas City, where the attempt is being made to enable people of moderate means to finance their emergency service from their own pockets. In Brattleboro, Vt., where we have at the present time a highly developed system of service for a town and country district both for home and hospital, we hope to inaugurate a system whereby it will no longer be necessary to curtail service or to create financial distress in furnishing adequate service to each case.

There is only one way out. It is no more possible to supply the people with modern service in sickness by our present methods than to pay for their fuel and groceries by passing around the hat, or to expect them to meet the cost of occasional fires out of their current income. The whole therapeutic system is debauched by out-worn charity traditions that impede its true progress, and a change is demanded. There is much money in the pockets of the people available for less important things, and it can be made available for this that is vitally important if we go to it. When the change comes I hope that the nursing profession will not let itself be left out of the going. I hope that it will be ready; and ready to lend a hand in the forming of local benefit associations to pay for hospital and nursing service, so that not only will the hospital and the specialist be provided for, but we shall have a graduate nurse available in every home when she is most needed.

—*The Modern Hospital.*

CHILDREN OF THE NEGLECTED AGE

In the last twenty-five years a vast amount has been done in teaching the care of infants. The infant mortality rate has been gratifyingly lowered. During the same period, the medical examination of school children has become nearly universal. From before their birth until they cease to be infants—at about two years old—children are watched with an ever increasing and increasingly intelligent care. From the time they begin to go to school, at about six, they are watched and examined. But from two to six, the runabout age, they are comparatively neglected. The runabout younsgters get little attention unless they are actually sick. If they are ill, the doctor is called in to cure them, but he is not often called in to examine them in order to prevent their developing ailments in incipient states.—Miner C. Hill, M.D., in *The Health Builder* for November.

Pupil Nurses' Department

Student Government in the Saskatoon City Hospital

The nurses in training at the Saskatoon City Hospital have adopted the self-governing system now so popular in many schools and colleges. The system is social, business, and disciplinary and in every way beneficial to the training school, giving the students opportunity to speak freely on subjects of interest and allowing the Lady Superintendent to address the school as a body to introduce suggestions and commands without risk of their being misunderstood. A President, Vice-President, Secretary, Treasurer, with five advisory members, forming the administration, are elected by the nurses from among themselves, and the system is known as "The Student Governing Body of Nurses," and has been in force in this school for five months, proving so far to be quite a success, creating a feeling of loyalty to the Institution as a whole, to the Faculty collectively and individually, and what seems almost bigger and finer among the nurses themselves.

The meetings are opened with a repitition of the Lord's prayer and are called on the first Monday of each month, a special additional meeting being called should any emergency arise.

The students each pay a fee monthly, first year nurses 10c, second year nurses 15c and third year nurses 20c, making a total of about $7 monthly, the money being used, with the approval of the school, for whatever purpose occasion may arise, and this month it is the intention of the training school to send a contribution to the "Nurses' Memorial Fund," $5.00 being taken from the common fund and each nurse contributing 25c extra.

Entertainments, of which the school enjoys a fair share, are arranged at these meetings, committees being formed for the performance of various duties and all expenditures discussed.

Another, and perhaps the most important object of the student governing body, is the maintenance of discipline. The rules are read to the nurse at the initial meeting, all present promising to obey, and cases of failure to observe these rules are dealt with, punishments being imposed upon the delinquents by the students themselves, thus saving the Lady Superintendent an unenviable task.

This, of course, does not include serious offences, but such faults as, "failure to be in one's own room at 10 p.m.," "failure to observe tidiness in bathrooms," "lights not out at 10 p.m.," etc.

At the last meeting of the S.B.C. the following was adopted as a school motto: "Sic vos non vobis" (thus do ye, but not for yourselves), and arrangements are now being made to produce a small entertainment for Christmas week. The nurses will invite their friends, and a silver collection will be taken up with the object of obtaining enough money to purchase a new book for the nurses' reference library.

Thus, with combined effort and cheerful co-operation, are these nurses trying to make their training school one to be numbered with almost any in Western Canada and rendering their period of training three well spent happy years.

E. WILES, Student Nurse,
Saskatoon City Hospital.

GENEROUS ACTS OF KINDNESS

The *American Journal of Nursing* for September is a monumental issue, as it contains a full report of the Proceedings of the Twenty-third Convention of the American Nurses' Association, which was called to order by the President, Miss Clara D. Noyes, on June 22nd, 1922, at the Plymouth Congregational Church, Seattle, Washington State. We were just thrilled to find recorded amongst the seven Honorary Members of this most efficiently organized Association of Nurses in the world the name of the Editor of this journal, the only foreigner upon whom the honour is bestowed since the lamented death of Miss Florence Nightingale and Miss Isla Stewart. All the pettifogging jealousy and persecution to which we have been subjected at home for standing for self-determination, especially by the majority of reactionary and ignorant persons on the General Nursing Council for England and Wales, appeared meaner than ever in comparison with the honourable recognition and generous acts of kindness we have received for over thirty years from our enlightened colleagues in the great American Republic. The above issue of the American Nurses' official organ—owned, controlled, and edited by the leading nurses in the world—contains a wealth of suggestion and information which should be at the disposal of every embryo Registered Nurse in this country: the contents are an education in themselves.—*The British Journal of Nursing.*

Sin has many tools, but a lie is the handle that fits them all.
—*O. W. Holmes.*

A cheerful face is nearly as good for an invalid as healthy weather.
—*Franklin.*

Hospitals and Nurses

NEW BRUNSWICK

St. John

Miss Foley (G.P.H.,1919), has been appointed school nurse for the county of St. John.

Miss Geralding Armstrong, of Chipman, N.B., (Massachusetts General Hospital, 1921), has been granted the scholarship of $500.00 by the Women's Institute of St. John, and is taking the course in Public Health Nursing at Toronto University.

Miss Mary E. Wetmore (G.P.H., 1918), has been forced to resign as matron of the Grand Forks, N.B., Hospital on account of ill health, and Miss Maisie Collins (G.P.H., 1922) has been appointed in her place.

Miss Eva P. Craig (G.P.H., 1920), has accepted a position as staff nurse in the Long Island Hospital, Brooklyn, N.Y.

The St. John local Chapter of Graduate Nurses held a successful dance on Nov. 15th in aid of the Nurses' Memorial Fund.

Miss Moore Harvey (G.P.H., 1922) has accepted a position as Head Nurse on the Soldiers' Wing at the St. John County Hospital.

* * * *

QUEBEC

Montreal

The members of the Public Health Nursing Course at McGill University, this year, had the pleasure of having a visit from Mrs. Charlotte Hannington, Superintendent of the Victorian Order of Nurses, when she addressed the class. The work of the public health nurse in her life after graduation, and particularly that of the V. O. of N. nurse, was stressed by Mrs. Hannington, who closed her address by an earnest appeal to the nurses to take every care of their own health, and that, in the earnest care of the health of others, the health of the nurse must be always considered.

Montreal General Hospital

Miss Miriam Gray (1918), after five years' service as Supervisor in one of the private wards, has had to resign owing to ill-health, and is to make an indefinite stay with her family in England. Miss Clara Jackson (1922) succeeds Miss Gray.

The November meeting of the Alumnae was addressed by Miss Hurlbutt, of the Royal Victoria College, on Parliamentary Procedure, and at the December gathering, Dr. Bazin interested the nurses on the subject of Lung Surgery. After the meeting Miss Barbara MacNaughton (1901), who is on furlough from China, showed many unique facsimiles of house furnishings, etc., brought with her. Miss MacNaughton has spent 13 years in China, and organized and opened a large hospital there.

Miss Laura Holland (1913) was appointed Superintendent of Ontario Division of Canadian Red Cross.

Miss Eva Jamieson (1920) resigned her position on the staff of the M.G.H. to become head of the operating room staff of Wellesley Hospital, Toronto.

The graduate nurses of Montreal have started a fund to purchase a Club House, which is very much needed by them. Recently a bazaar, bridge and dance was planned by them to increase this fund. The management of the Ritz-Carlton Hotel kindly offered the use of the ball-room, gallery, tea-room equipment and men to help put up tables, etc., free of charge, as well as supplying the orchestra for the afternoon. Booths decorated the ball-room and gallery, where bridge was played both in the afternoon and evening. The evening's entertainment was opened by a song and dance given by the Matinee Musical Club as their donation to the object. Over 3000 people attended and over $7000 was cleared. More might have been made owing to a large number of people who could not get served either at booths or tea tables. The Bazaar

was opened by Lady Drummond, whose hearty sympathy was with the nurses in their effort to buy a $30,000 club house in the near future. The nurses' friends responded and helped in various ways, adding greatly to the success. The M.G.H. booth realized $1,866,56.

* * * *

ONTARIO

Guelph

At the October meeting of the Guelph General Hospital A. A., it was decided that, in memory of the late Dr. Beatus Sinner, who was connected with the hospital for over thirty years, the members would undertake to pay for the perpetual care of the grave of his mother in the Guelph cemetery.

Miss Bessie Anderson (G. G. H., 1920) has left for Chicago to take a post-graduate course at the Chicago Lying-in Hospital.

Hamilton

The new residence of the nurses of Hamilton General Hospital was formally opened on October 18th, when Miss Fairley and staff were at home to the nurses' friends. A large number of people were present and a most enjoyable evening spent in dancing and cards.

Miss M. G. Pawell (H. G. H., 1922) has accepted a position as Night Supervisor in the Presbyterial Hospital, Newark, N. J.

Miss Myrtle Clark (H. G. H., 1922) has taken a position in Buffalo.

Toronto Western Hospital A. A.

The Alumnae of the Toronto Western Hospital held an informal dance on November 21st in aid of the Nurses' Memorial Fund, which proved a success both financially and socially.

The annual meeting of the T. W. H. A. A. was held on December 1st, 1922. Encouraging reports were read of work done by various committees, and a most interesting address was given by Dr. Harvey Clare, of the Ontario Hospital. This was followed by the election of officers.

Miss Opal Hill (1919) has recently been appointed Supervisor of the Private wards in the T. W. H.

Convalescence is reported of Miss Richie (1917), after a serious operation, and hopes are expressed that Mrs Bell, Secretary-Treasurer of the A. A., who has been ill with pleurisy, may speedily recover.

Miss Ryde (1921) has accepted a position as Industrial Nurse with the Columbia Phonograph Co., Toronto.

London

The Victoria Hospital Alumnae Association held a most successful bazaar in aid of the Nurses' Memorial Fund recently in the east ward and sunroom of the War Memorial Children s Hospital. Mrs. Eyre was general convenor, and she and her committee deserve great credit for the success of the sale.

At the November meeting of the Alumnae, a most instructive lecture on Anti-Natal Hygiene was given by Dr. W. P. Tew. With deep sorrow the alumnae referred to the death of Miss Ina Bice, an honored member, and sympathy was expressed and letters sent to members of her family.

Smith's Falls General Hospital.

The resignation of Miss Masterson as Superintendent of the General Hospital, Smiths Falls, was received by regret by all. The graduate nurses showed their appreciation of her by presenting her with a fitted leather club bag.

The nurses expect to have a most successful Christmas dance. Many of the married nurses are helping them to make it successful, both socially and financially.

Hospital for Sick Children, Toronto

Miss Panton, Superintendent of Nurses, arranged a tea for Mrs. Godson (Miss Louise Brent), to meet some of the doctors and their wives who were associated with the H. S. C. when she was Superintendent.

The pupil nurses held a very successful dance recently, realizing a large sum for the Nurses' Memorial Fund.

Miss Beatrice Sims (1915) left for Africa to do missionary work in the French Sudan.

The pupil nurses of the Hospital for Sick Children take pleasure in announcing that as a result of their dance given on November 17th, 1922, they have attained their objective—$400.00—their quota towards the National War Memorial Fund.

The following ladies acted as patronesses for the dance: Mrs. H. Cockshutt, Mrs. Irving Cameron, Mrs. H. H. Williams, Mrs. Clarence C. Starr, Mrs. Edward W. Gallie, Mrs. Alan Brown, and Miss Kathleen Panton.

Ottawa

Mrs. J. L. Chabot entertained the graduating class (1922) and the members of the Ottawa General Hospital Alumnae at her home on November 8th.

The annual tea dansant of the O. G. H. A. A. was held November 18th at the Century Rose Rooms, with the President, Mrs. J. L. Chabot, and the Vice-President, Miss Brankin, receiving. Fully 400 guests enjoyed the hospitality of the nurses. A luncheon was given the physicians at their Medical Day by the authorities of the Ottawa General Hospital, assisted by the officers and executive of the Alumnae Association.

Wellesley Hospital, Toronto

The hospital held a most successful "At Home" in Jenkins' Art Gallery, Toronto, on November 24th.

Miss Cale (1922) is taking the Social Service course at Toronto University.

Miss Paterson has been appointed Night Supervisor at the Port Hope General Hospital, Port Hope, Ontario.

Miss Emma Maylor, Vice-President of the State Board of Nurses in New Mexico, has been for some time in Toronto.

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SASKATCHEWAN

Saskatoon.

The December meeting of the Saskatoon G. N. A. was held at the home of Mrs. L. Webb. Following routine business, Mrs. W. F. Marshall, Field Secretary, Saskatchewan Division Canadian Red Cross, addressed the meeting. Miss Ruby M. Simpson, President Saskatchewan Registered Nurses' Association, who was a visitor in the city for a day or two, was also present, and addressed the nurses on the subject of the National Nurses' Memorial. Ways and means of raising the allotment for Saskatoon district of $800.00 were discussed, and a general convenor was appointed to complete arrangements for a "bridge."

On December 5th, 1922, Mrs. Alden Johns, President G. N. A., opened her home for a silver tea in aid of the Memorial Fund,—the sum of twenty-five dollars was realized.

Miss E. M. Turner, the staff and pupil nurses of the Saskatoon City Hospital, were hostesses at a silver tea given at the Nurses' Residence in aid of the Memorial Fund on December 7th, 1922. One hundred dollars was realized, and will be forwarded as the contribution of the Training School to the fund.

Miss Emily Sproule (S. C. H. 1922) has been appointed to the staff of the City Hospital, in charge of the X-Ray Department.

Scott

Miss Ethel M. Hamilton (S. C. H. 1921), who has been in charge of the Scott Hospital for the past year, has resigned. Before leaving Scott, Miss Hamilton was the guest of the Hospital Ladies Aid at the home of the President, Mrs. Hutchison. Miss Hamilton was "showered" with many useful gifts, as well as with the good wishes of all of the members.

Moose Jaw

Moose Jaw nurses had a most successful tag day on December 2nd in aid of the Nurses' Memorial Fund.

A silver tea given by the pupil nurses of the General Hospital, and also a silver tea given by Miss Cora M. Kier helped swell the fund from the Moose Jaw Nurses.

Miss Eleanor B. Renton, Superintendent of Nurses of the Moose Jaw Hospital for over the past two years, has resigned and left for her home in Guelph, Ontario. Miss Renton has taken a prominent part in the general nursing affairs of the Province, having been appointed a Councillor of the S. R. N. A. at the last Annual Meeting. She will be greatly missed in nursing circles.

Regina.

Miss Elsie M. Nicholson, Reg. N., who for over the past two years has been a member of the School Hygiene staff, resigned from the staff to accept the appointment of Director of Junior Red Cross for the Province of Saskatchewan.

Owing to Miss Jean Urquhart's departure from Saskatchewan, her resignation as Treasurer and Convenor of the Saskatchewan Memorial Committee was accepted with regret. Miss Ruby M. Simpson, President S. R. N. A., is Acting-Convenor of the Committee, and contributions to the Memorial Fund should be forwarded to her. (Address: Division of School Hygiene, Department of Education, Regina). Miss Simpson reports contributions being received from each of the Training Schools of the Province, and arrangements under way in many of the smaller hospital centers for teas and other entertainments for the raising of funds. It is hoped all funds will be in before the beginning of the New Year.

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BRITISH COLUMBIA

New Westminster

Miss Perrin (graduate Vancouver General Hospital) has recently been appointed Operating Room Supervisor at the Royal Columbian Hospital.

Th pupil nurses of the Royal Columbian Hospital held a most sccessful dance on November 24th in aid of the Nurses' Memorial Fund.

Vancouver

The Vancouver General Hospital, St. Paul's Hospital, Vancouver; St. Joseph's Hospital, Victoria; Royal Jubilee Hospital, Victoria; Royal Columbian Hospital, New Westminster; King s Daughters' Hospital, Duncan; Chemainus General Hospital, Ladysmith; General Hospital, Nanaimo; General Hospital, Prince Rupert; General Hospital, Port Simpson; General Hospital, Kootenay Lake; General Hospital (Royal Inland), Kamloops; and Queen Victoria Hospital, Revelstoke, all contributed candidates to the examinations for R. N. Certificates held November, 1922.

The following nurses were successful and are now eligible for their R. N. and certificates: Misses Christine Allen, A. Auchterlonie, Helga Becker, Edna Brook, Frances Clark, Doris Costley, Courtney Dennis, Jessie I. Dunnett, Helen Edgrin, A. M. Fisher, P. Frost, Maxwell-Gable, M. Gibson, E. Gray, A. Hart, Dorothy Haggart, E. A. Hayhurst, M. Healey, F. Hiscock, H. G. Hope, Mary Hughes, M. Hutchinson, Helen Irvine, B. Johnston, Katherine Johnston, Jessie Jones, Mary King, Freda Lang, Jean Lang, I. Layton, Lawson, Ella E. Leaney, H. Long, Dorothy Mackenrot, Julia Martin, Margaret Martin, Nellie Maxwell, M. McDonald, McNeill, G. Murray, S. Muir, D. Newsom, Dorothy Neal, M. Owen, R. Plunkett, Amelia Robertson, H. Robinson, K. Robinson, N. Rowley, F. Lynch-Staunton; Mrs. Evelyn Stibbard; Misses Edith Tennant, L. Timmons, Cora Tretheway, Anna Turnbull, Evelyn Verchere, Vera Willoughby; Mrs. Myrtle Wilson; and Miss E. Walker.

Miss Margaret Motherwell (Johns Hopkins Hospital) has accepted a position with the Coast Mission Hospitals at Alert Bay, B. C.

Duncan

The graduation exercises for the class of 1922 were held on December 4th in the new residence built for the nurses this year. The diplomas were presented by the Mayor, Mr. Miller, and the hospital graduating pins by Mrs. Ann Mathieson, R. N., Superintendent of Nurses. A morocca case of instruments was presented to each of the two graduates by Mrs. Mathieson, and a travelling clock given to each by the nurses in the school. The graduates were Miss Dorothy Neal and Miss Helen Irvine. A dance was held for them in the evening, when a delightful evening was spent. Both the graduates were successful in the recent examination for R. N. certificates.

THE INTERNATIONAL STUDENTS

The third Public Health course for international student nurses is now beginning at Bedford College for Women (University of London). Mrs. A. C. Carter, A.R.R.C., a former member of the Council of the College of Nursing, is in charge of the group for the coming year. Six students arrived in September, with the idea of giving some extra time to the study of English and practical work. The sixteen students represent fourteen different countries.

The names of the students and the countries they represent are as follows:—Miss Karin (Latvia); Mme. Rabello (Brazil); Miss Sucha (Czecho Slovakia); Miss Soche (Austria); Miss Xavier (Siam); Mlle. Lebel and Mlle. Aeschimann (France); Miss Cernat and Miss Bernescu (Roumania); Mme. Mijitch (Serbia); Miss Segerberg (Finland); Miss Clarke (New Zealand); Miss Simmons (Great Britain); Miss Frascara (Italy); Miss Martinez and another whose name is not yet known (Spain); Miss Jonsson (Iceland).

English nurses, we know, will extend a warm welcome to their enterprising colleagues who have been keen enough to venture so far afield in order to improve the health services of their own countries.

THE USUAL FAMILY MEDICINE CABINET

At the arrays of decoctions, pills, capsules, powders, and ointments that usually greet her when she opens the family medicine cabinet, the visiting nurse is frequently appalled. And if the trained judgment of the professional is bewildered by this jungle of drugs, how much more difficult must it be for the anxious mother, awakened in the middle of the night and fumbling amidst the motely assortment, to find the particular remedy the emergency seems to require. What not to have in the family medicine chest, judging from my own experiences as a nurse, seems equally as important as advice on what to include in your collection of household remedies. Drugs, in modern medical practise, are giving place more and more to intelligent diet, attention to bathing, exercise, and fresh air.—Clara D. Noyes, R.N., in *The Health Builder* for November.

BIRTHS

Anderson—At 27 Gilmour St., Ottawa, Ont., to Mr. and Mrs. J. W. Anderson (Muriel Story, Ottawa General Hospital), a daughter.

Bradley—At Hornby, Ont., to Mr. and Mrs. Bradley (Nettie Mann, Guelph General Hospital, 1919), a son.

Brodie—Recently to Mr. and Mrs. F. Neil Brodie (Ida Carson, General Public Hospital, St. John, N.B., 1920) a daughter.

Brooks—At Hong Kong, China, on December 5th, 1922, to Mr. and Mrs. Charles C. Brooks (Helen Thomson, R.N.), a son.

Cairns—Recently, to Mr. and Mrs. Cairns (Irene Seamens, General Public Hospital, St. John, N. B., 1917), a son.

Leitch—To Mr. and Mrs. Hunt Leitch (Catherine Cameron, H.S.C., Toronto, 1917), a son.

Lomer—To Dr. and Mrs. T. A. Lomer, at the Ottawa Maternity Hospital, Ottawa, Ont., November 10th, 1922, a son. Mrs. Lomer was Gertrude Lynch, Ottawa General Hospital.

Moyle—To Dr. and Mrss. Moyle, on September 7th, 1922, a daughter. Mrs. Moyle was Emily Greenwood (H.S.C., 1917).

Pulley—At Saskatoon, on November 27th, 1922, to Mr. and Mrs. W. J. Pulley (Miss Baloney, Saskatoon City Hospital, 1917), a son—Jack.

Rundle—At the Oshawa General Hospital, Oshawa, Ont., November, 1922, to Doctor and Mrs. Rundle (Mable Hutchinson, Wellesley Hospital, Toronto, Ont., Class 1918), a son.

MARRIAGES

Atkinson-Hames—At Aurora, Ont., on September 20th, 1922, Edith Hames (Hospital for Sick Children, Toronto), to Mr. Earl Frederick Atkinsson.

Brackenridge-Hodge—On November 25th, 1922, by the Rev. Dr. Dickie of Knox St. Presbyterian Church, Montreal, at the residence of the bride's parents, 6501 Markland Ave., Notre Dame de Grace, Montreal, Florence Margaret Hodge (Montreal General Hospital, 1921), to James Walter Brackenridge of Selkirk, Man., and formerly of Sherbrooke, Que.

Colwell-Gilmour—In St. John, N.B., August, 1922, Althea Gilmour (General Public Hospital, 1920), to Roy Colwell.

Crearer-Newbigging—In the Central Presbyterian Church, Hamilton, Ont., on October 18th, 1922, Isabel Newbigging (Hamilton General Hospital), to Mr. Thomas Crearer.

Donald—At the City Hospital, Saskatoon, Sask., on December 12th, 1922, to Mr. and Mrs. Donald (Birdie Studdert, St. Mary's Hospital, Inslington, England, 1909), a daughter.

Enman-Schofield—At Trinity Church, St. John, New Brunswick, on September 27th, 1922, Jean Clark (Sick Children s Hospital, Toronto), to Mr. Horace Luttrell Enman.

Hastings-Nelson—At the residence of the bride's sister, Mrs. Fisher, 4344 Westmount Ave., Westmount, Montreal, Que., by Rev. Canon Shatford, Gladys Nelson (Montreal General Hospital), to Dr. R. C. Hastings, of Quebec. Dr. and Mrs. Hastings will reside in Grande Allee Apartments, Quebec City.

Laxton-Verchere—Recently, at the home of the bride's parents, Mr. and Mrs. F. Verchere, Evelyn E. Verchere (St. Paul s Hospital, Vancouver, B.C.), to Arthur E. Laxton. Mr. and Mrs. Laxton will reside in Mission, B.C.

Macwhinney-Macintosh—In September, 1922, Olive J. Macintosh, General Public Hospital, St. John, 1916), to Herman Macwhinney.

Malcolm-Peters—At Vancouver, November 25th, 1922, by the Rev. J. R. Robertson, Margaret Jean Peters (Vancouver General Hospital) to Gordon Frederick Malcolm. Mr. and Mrs. Malcolm will reside in Vancouver.

Mason-Lockhart—On October 10th, 1922, at New Glasgow, N.S., Lillian Lockhart (Montreal General Hospital, 1922), to Mr. Victor Mason, both of New Glasgow, N.S.

Robinson-Bayne—At Salem, Ont., on November 2nd, 1922, Emma Bayne (Guelph General Hospital, 1916), to Mr. Edward Robinson.

Robson-Freethy—In Saskatoon, Sask., on December 6th, 1922, Ethel Freethy (Saskatoon City Hospital, 1919), to Mr. Clinton R. Robson, of Zealandia, Sask.

Scully-Dolan—At St. Peter's Roman Catholic Church, Toronto, Ont., on October 30th, 1922, by Rev. Father Noon, C.S.P., Anne Dolan, St. Michael's Hospital, Toronto, (Class 1908), to Thomas E. Scully.

Wearing-King—In Castle Memorial Chapel, McMaster University, Toronto, Ont., on December 12th, 1922, by the Rev. Dr. Bates, Laeta King (Woodstock General Hospital, 1917, to Rev. Dr. Thomas Wearing, Principal of the Baptist College, Woodstock, Ont.

Webster-Hamilton—At Knox Church Manse, Saskatoon, Sask., December 27th, 1922, Ethel M. Hamilton (Saskatoon City Hospital, 1921), to Garnet A. Webster. Mr. and Mrs. Webster will reside in Unity, Sask.

Woodworth-Knight—In Chilliwack, B.C., on December 30th, 1922, Ethelyn (Essie), daughter of Mr. and Mrs. Wm. Knight (Vancouver General Hospital), to Clifford T. Wooodworth, B.A., of Prince Rupert, B.C.

DEATHS

Bice—On November 19th, 1922, at the Victoria Hospital, London, Ont., Ina Bice, graduate Victoria Hospital, London (Class 1913), after an illness of two weeks.

Duncan—At Beverton, Ont., on December 5th, 1922, Miss Jenneth F. Duncan, graduate of Montreal General Hospital, 1904.

Gordon—At the Vancouver General Hospital, Vancouver, B.C., on December 3rd, 1922, Alice Gordon (Nanaimo General Hospital, Nanaimo, B.C.). Miss Gordon had been for some time staff nurse at the Vancouver Annex, Eburne.

Mackenzie—At the Military Hospital, St. Anne de Bellevue, Que., on December 15th, 1922, John David Mackenzie, M.C. Ph. D., beloved husband of Isabel Lord (Nursing Sister C.A.M.C., graduate of Vancouver General Hospital). Interment at Vancouver, B.C.

McLaren—Ruth McLaren (Regina General Hospital, 1919), met death by accident at Berwyn, Illinois, on November 21st, 1922, being struck by a train. Sympathy is extended to her mother and other members of her family.

Rowan—At St. John, N.B., the infant daughter of Mr. and Mrs. Rowan (Miss Gunning, Montreal General Hospital, 1921).

There is a great deal more leisure in a busy life than people would think. They may say they have no leisure because they have no large pieces of time, but they may have little slices of time. In most busy lives there are intervals of leisure in which to restore the balance, if we knew how to use them.—*Public Health Nurse.*

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President, Miss Laura M. Hubley, Cogswell St. Hospital, Halifax City; Honorary President, Miss Katherin Graiene, Health Center No. 1. Gottingen St., City; Rec. Secretary, Miss Gertrude Crosby, 344 Gottingen St., City; Corresponding Secretary, Miss A. M. Goddart, Health Center No. 1, Gottingen St., City.

THE NEW BRUNSWICK ASSOCIATION OF GRADUATE NURSES

President, Miss Margaret Murdock, General Public Hospital, St. John; Vice-Presidents, Misses S. E. Brophy, A. Branscombe, A. J. MacMaster, E. Keyes, V. Winslow, B. Budd, Rev. Sister Carrol; Recording Secretary, Miss Maud E. Retallick; Corresponding Secretary, Mrs. T. B. Reynolds, 21 Kennedy Place, St. John; Treasurer, Miss E. J. Mitchell, Gen. Pub. Hosp., St. John; Additional Members, Misses B. B. Howe, H. T. Meiklejohn, D. E. Coates, L. Gregory; Registrar, Miss A. MacMaster, Moncton, N.B.; Public Health Convenor, Miss H. T. Meicklejohn, 134 Sidney St.

"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

SCHOOL FOR GRADUATE NURSES OF McGILL UNIVERSITY ALUMNAE ASSOCIATION

President, Miss Ethel Shappe, 43 Windsor Ave., Westmount, P. Q.; Vice-President, Miss Frances Reed, Montreal General Hospital; Secretary-Treasurer, Miss Martha Armstrong, 1003 Dorchester St., Montreal.

"Canadian Nurse" Representative—Miss Myrtle Ross, Royal Victoria Hospital, Montreal.

ASSOCIATION OF REGISTERED NURSES FOR PROVINCE OF QUEBEC.

President, Miss F. M. Shaw, 56 Sherbrooke St., W.; Vice-President, Miss Hersey, Royal Victoria Hospital; Secretary-Treasurer, Miss L. C. Phillips, 750 St. Urbain St., Montreal, P.Q.; Committee—Misses Young, Craig, Samuel, Lawrence, Guillemette, Noel, Jameson, Hetherington, Sister Fafard.

ALUMNAE ASSOCIATION OF JEFFREY HALE'S HOSPITAL, QUEBEC.

Honorary President, Miss Mary Shaw; President, Mrs. M. K. Craig; First Vice-President, Miss White; Second Vice-President, Miss MacKay; Recording Secretary, Miss A. Murphy, 247 St. Cyrille Street, Quebec; Corresponding Secretary, Miss Una Gale; Treasurer, Miss M. Fischer.

Executive Committee—Miss May, Miss Lenfesty, Miss C. Kennedy, Miss Black, Miss Wilson. Refreshment Committee—Miss D. Binning, Miss Fellows.

Representative to the "Canadian Nurse"—Miss V. Horner.

Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

OFFICERS OF THE ALUMNAE ASSOCIATION OF THE SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

President, Mrs. Wilfred Davey; First Vice-President, Mrs. C. K. Bartlett; Second Vice-President, Miss Buchanan; Recording Secretary, Miss Jessie Saint-Denis; Corresponding Secretary, Miss Van; Treasurer, Mrs. Colin Campbell; Representative to "Canadian Nurse," Mrs. Roy Wiggett, Apt. 17, Mon. Nationale, Sherbrooke; Regular Monthly Meeting—Second Tuesday.

THE ALUMNÆ ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Honorary President, Miss E. A. Draper; President, Miss Goodhue; First Vice-President, Miss A. L. Campbell; Second Vice-President, Miss Bellhouse; Recording-Secretary, Mrs. E. Roberts, 360 Prudhomme Avenue; Corresponding-Secretary, Miss M. A. Prescott; Treasurer, Miss Lillian Pidgeon; Treasurer of Pension Fund, Miss Milla MacLellan;; Executive Committee—Miss Hersey, Miss A. M. Hall, Miss Etter, Mrs. Stanley, Miss Guernsey, Miss B. Stewart; Programme Committee, Miss Katherine Davidson; Representative to Canadian Nurse, Miss Grace Martin; Representatives to Local Council of Women, Mrs. H. T. Lyons and Miss Winnifred Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Avenue West. Phone Up. 3861. Regular meeting—Second Wednesday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WESTERN HOSPITAL, MONTREAL

Hon. President, Miss J. Craig; President, Mrs. J. Pollock; First Vice-President, Miss C. Rowley; Second Vice-President, Miss H. Williams; Treasurer, Miss J. Craig Western Hospital, Montreal; Secretary, Miss B. A. Dyer, Western Hospital, Montreal, Quebec.

Convener of Finance Committee—Miss B. A. Birch, Western Hospital.

Convener of Programme Committee—Miss Ada Chisholm.

Convener of Membership and Visiting Committee—Miss Ethel Mount.

Convener of General Nursing Committee—Miss B. A. Birch.

Representative to Canadian Nurse—A. M. Stephens.

THE ALUMNAE ASSOCIATION OF THE WOMEN'S HOSPITAL, MONTREAL

Honorary President, Miss E. F. Trench, Superintendent of Nurses, Women's Hospital; President, Miss Leguin 1540 St. Herbert St., Montreal; First Vice-President, Miss Frances, Women's Hospital; Second Vice-President, Mrs. Kirk, 2289 Waverley St., Montreal; Secretary-Treasurer, Miss Thomson, 1003 Dorchester St. W.

Convenors of Committees—Finance, Miss Trench; Sick Visiting, Miss L. Drew, Miss Francis.

Representative to "Canadian Nurse", Miss S. Dewer, 786 Shuter St., Montreal.

Regular Monthly Meeting, third Wednesday at 8 p.m.

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Maternity Hospital—Last 8 months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
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Board of Directors—Miss Armour and Miss Morris.

Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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Representative of the "Canadian Nurse" Magazine, Miss Agnes Jamieson, 975 Tupper Street, Montreal.

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Regular Meeting, First Tuesday, 8 p.m.

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Press Representative—Miss Jean Campbell, 72 Hendrick Ave., Toronto, Ont.

Regular Meeting—First Monday of every month.

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DR. SENIOR: "Certainly not!—we will get at the temperature by using an agent that will favor the elimination of toxic substances and at the same time bleed the patient into his own capillaries, thereby relieving the heart. If you don't know the name of this 'sheet anchor' in pneumonia, the mainstay of thousands of physicians for thirty years, it is high time, my boy, that you did—ask the Antiphlogistine people to send you their, "Pneumonic Lung Booklet."

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Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

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Regular Meetings—Second Thursday of each Month.

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Sick Visiting Committee—Misses H. Fagan and A. Brohman.

Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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Canadian Nurse Representative—Miss Maysie Marriott.

Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

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Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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Canadian Nurse Representative—Miss N. Casey, Chatham, Ontario.

Regular Meeting—First Monday, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary-President, Miss E. MacLean; President, Mrs. W. E. Ogden, 9 Spadina Road; Vice-President, Miss Agnes Bodley; Secretary-Treasurer, Mrs. W. J. Smither, 40 Wellesley Street (N6257-W.).

Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Programme Committee—Mrs. Eyre, Misses White, Ashplant, Foster and McLaurin.

Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Hon. President, Miss E. MacP. Dickson; President, Miss Jean Bryden, 550 Gerrard Street, East, Toronto; Vice-President, Miss U. Leroux; Secretary, Miss Mabel Avery, Toronto Free Hospital, Weston; Treasurer, Miss Cora Beckwith, Toronto Free Hospital, Weston.

Regular Meetings—Second Friday of each alternate month.

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Representative to Toronto Chapter, Miss A. Davidson, 322 Brunswick Avenue, Toronto.

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Regular Meeting—Second Monday of each month.

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Regular Meeting—First Friday, 7.30 p.m.

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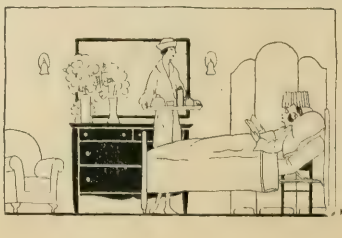

THE

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Blood Transfusion

By CHARLES K. P. HENRY, F.A.C.S., MONTREAL.

An Englishman in 1665 first successfully transfused animals, and the account of a dinner party given by Lord Penn, as described in Pepy's Diary, when the story of the dogs who ran about after transfusion was treated with derision, exemplifies the usual reception of new procedures.

In 1667 a Frenchman, Denys, transfused a man, using sheep's blood, and the patient was greatly benefited. From then till in Baltimore in 1910-1912, when Moss established the presence of the four blood groups in man, there was no safe basis for the transfusion of human blood. In the intervening two centuries and a-half the story of transfusion is easily told. Fatalities were so numerous that governments passed laws to prohibit its practice, and it fell into discredit.

Babies, up to three weeks old, may be transfused from either parent, though occasionally trouble may result here. From that age up to

six months, sometimes later, all fall into their proper blood group. These groups depend on the reaction of the fluid portion of the blood—the plasma or serum, and the cells or blood corpuscles on the similar elements of the blood of the donor whose blood is injected into the patient. Blood may safely be given from one person in a group to any one in the same group. Nature, fortunately, has even simplified this by giving us one group, number IV., which is about 42 per cent. of all people, whose blood safely mixes with that of individuals in the same or in any of the other groups. Such a group IV. person is called a "universal donor".

Therefore an essential preliminary to transfusion is to test the patient and donors till matched ones are secured. The donor must be free of disease and have a negative Wassermann. Age, sex, race and relationship have no importance. I have used donors in their teens and old folks over sixty. I have transfused babies and old people of over seventy-five years. Any hospital laboratory, or any doctor, can readily carry out these tests, as simple methods are recorded in the recent literature.

Transfusion is not a "cure-all", and yet the indications for its use and the benefits obtainable are referable to so many conditions now that its field of usefulness is daily widening.

Leisrink's statement, in 1876, still holds good, nearly fifty years later: "Transfusion is indicated in all those pathological conditions when the blood in quantity or quality is so altered that it is unfit to fulfil its physiological duties."

Where the quantity is depleted by haemorrhage, either due to traumatism, as railroad accidents for example, or to haemorrhage from disease, as gastric ulcer haemorrhage—nothing in surgery is more spectacular than the prompt return to well-being after a transfusion. In October, 1920, a man was wheeled into the Montreal General Hospital operating room, preceded by an interne's statement that it was useless to collect the blood from the donor, as the patient was practically dead. A rapid transfusion of well over a pint of blood from a hospital orderly in group IV. resulted in the patient's arousing from his coma, looking at the members of the clinic, and speaking before he left the operating room twenty minutes later. He afterwards recovered and left the Hospital walking.

The recent war proved the efficacy of transfusion for traumatic haemorrhage, and thousands of lives could have been saved if its use had been possible everywhere at the Front.

In private and hospital practice we find its use extending in conditions where the *blood quality* is deficient. This may be due to blood diseases, as purpura, pernicious anæmia, or to deficiency in one or more constituents in the blood. In jaundice of long standing, operation is often followed by fatal haemorrhage because of deficient blood clotting. In haemophilia, that hereditary blood disease of defect in blood clotting, transfusion will often prove life-saving. In such conditions and in secondary anaemias due to chronic sepsis, long continued fevers, as typhoid, prolonged post-partum

septicaemia, transfusion frequently ensures a quick convalescence and promptly terminates the infection. Early in 1922 a woman post-partum about 66 days, with one or more rigors daily, with a range of temperature of from 96 to 106 degrees and over, sweating, œdema of extremities, marked anaemia and all its train of symptoms, was transfused by the writer in her own bed at home, using as a donor a willing husband. She had only one chill after, her temperature never again reached 105 degrees, declined rapidly and in one week reached normal, and she made a good recovery. A similar case at the Montreal Maternity Hospital, after a four to six weeks' illness, reached normal in a few days. But the fulminating cases of puerperal septicaemia, or rather surgical septicaemia, are not benefited by transfusion in the acute stage.

The following synopsis will give most of the conditions in which transfusion is indicated, has been practised, and is of value in the author's experience. In 200 transfusions most of these conditions have been dealt with.

INDICATIONS FOR TRANSFUSION

1. *To replace loss of blood.*
   - (b) Post haemorrhagic anaemias. bleeding due to—
     - 1 traumatism.
     - 2 gastric, duodenal ulcers.
     - 3 typhoid ulcers.
     - 4 pregnancy and complications—
       (abortion, placenta praevia, post partum haemorrhage, ectopic gestation, rupture of uterus.)
     - 5 haemorrhoids, etc.
   - (b) Blood diseases—
     - 1 pernicious anaemia.
     - 2 splenic anaemia.
     - 3 purpura haemorrhagica.
     - 4 haemophilia.
     - 5 leukaemia.
     - 6 haemolytic jaundice.
   - (c) Secondary anaemias due to—
     - 1 chronic sepsis—surgical, obstetrical, etc.
     - 2 chlorosis.
     - 3 results of continued small haemorrhages, epistaxis, etc.
2. *To replace defective blood constituents.*
   - 1 haemophilia.
   - 2 purpura.
   - 3 jaundice, preparatory to, or after operation.
3. *Conditions of toxaemia or malnutrition.*
   - 1 toxaemia of burns.
   - 2 coal gas poisoning.
   - 3 eclampsia.
   - 4 infantile malnutrition.

The Results of Transfusion.

The results of transfusion are, (1) immediate, (2) delayed.

1. Immediate. Immediate results are seen on the table in the rapid improvement of facial colour, the filling and rendering visible of capillaries in the face, nails, conjunctivae and elsewhere. The rapid pulse, fast respiration slow down, the "air hunger" is relieved, and the restless, irritable, often irrational patient becomes quiet, calm, and the mental processes clearer. One young girl about to be transfused could not remember the name of her brother lying by her side as prospective donor. Another woman believed she was to be burned in the furnace when taken from her private ward to the operating room! Both cases showed immediate marked mental clarity following the transfusion. With the increased blood supply to the brain the memory clears, the eyesight and hearing brighten, and taste and smell are improved. The appetite is improved, thirst is lessened and the anaemic headache disappears at once, or during the first few hours. A blood count shows an immediate improvement of from 10 to 35 per cent. in haemoglobin, the red cell count goes up one-half to one million cells.

2. Delayed. Delayed results are shown by increased muscular tone and strength, gain of weight, cessation of haemorrhage and marked improvement in successive blood counts.

Ill results are few. At worst a chill and rigor with temperature to 106° may ensue, sometimes with headache and vomiting. This occurs in the first one to three hours, though sometimes a reaction is delayed till the next day. In twenty successive cases taken from my records, beginning January 1, 1922, we had but two reactions, both in the same patient, who had previously been transfused for pernicious anæmia. In one woman, transfused eleven times, for the same disease, there were eight reactions. The large majority of our reactions occurred in pernicious anæmia cases. They do not lessen the benefits of the operation, and are treated by heat in the cold stage; quiet; stimulants are rarely needed; a hot drink, if there is no vomiting, may be given, and the reaction is usually over in from one to four hours. Mild reactions of nausea, chilliness only, temperature up to 100 degrees, occur about four times to one of a severe reaction. In 200 cases our reactions do not exceed 20 per cent., most of them slight, many of them not being appreciated by the patient at all and recorded only by the slight rise of temperature. In none was there any danger to the patient, or ill effects noted after the reaction passed over.

Methods of Transfusion.

The methods of transfusion are numerous, some simple and some complicated, but all are devised with the intention of preventing clotting of the blood taken from the donor before it is introduced within the patient's veins. In this article the method used by the author is illustrated and has been used with satisfaction since December, 1917, in 200 cases

done by him, and in numerous additional cases by other operators in the Montreal General Hospital.

The collection of the blood is by a large-sized needle introduced against the venous blood stream and the blood flows into the vessel containing 2 per cent. sodium citrate solution in the proportion of 30 c.c. to each 220 c.c. of blood collected. This prevents clotting.

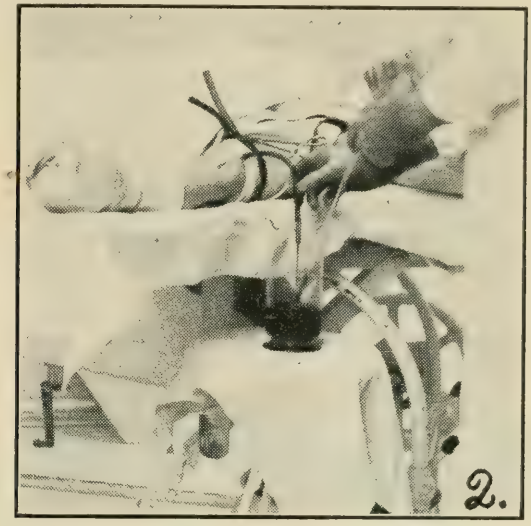

Fig. 2.—Collecting the blood, note blood flowing from end of tubing.

Fig. 3.—500 c.c. blood collected, tube pinched shut by operator.

It is then run into the patient's vein by means of any infusion apparatus.

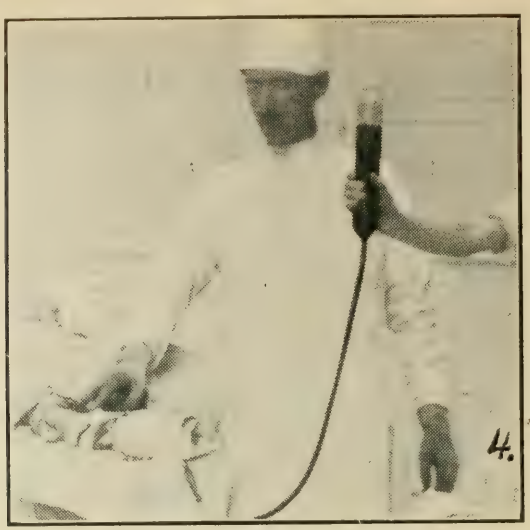

Fig. 4.—Infusion into Patient.

The whole outfit is simple and cheap. It can be sterilized and kept ready for use.

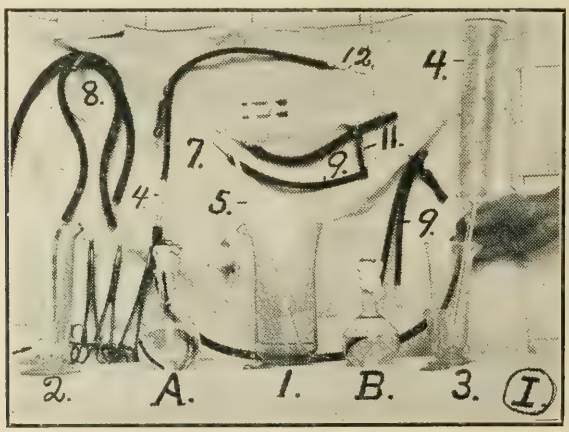

Fig. 1.—Transfusion Set.

We have two such outfits in the Hospital, and on many occasions I have done two or more transfusions in one day. The donor does not need to be in the same room as the patient, who can be transfused at his own home in his own bed; or the blood can be collected and taken miles away to the patient, kept warm in a Thermos bottle, previously sterilized.

There is no necessity for dissecting out a vein, no chances of infection to donor or patient, and the method requires one assistant, not necessarily a doctor or even a graduate nurse. Several times in the country or in private homes I have used an assistant who had never previously seen a transfusion. With a safe method, a previous selection of a suitable donor by proper blood tests, the operation of blood transfusion offers for certain conditions the only cure, in others the best treatment,

and in many others a treatment that is worthy always of consideration and often of a trial.

References: (1) I. Maclaren Thompson, *Canadian Medical Association Journal*, October, 1921; (2) Norman Guiou, *Canadian Medical Association Journal*, July, 1922; (3) Chas. K. P. Henry, *Canadian Medical Association Journal*, January, 1917; (4) Chas. K. P. Henry, *Canadian Medical Association Journal*, February, 1920; (5) Chas. K. P. Henry, *Canadian Medical Association Journal*, January, 1922; (6) A. H. Sanford, *The Journal Lancet*, November, 1917.

NEVER THROW OUT MEDICINES

Destroy all unmarked medicines, whether liquid or powder. Oxalic acid, a deadly poison, closely resembles Epsom salts. Many powders look identical. You cannot be too careful to label everything, legibly and indelibly.

Never throw out medicines. Destroy them past all danger of their harming children or animals. Every one of us can probably call to mind so many tragedies resulting from violation of this rule, in which children have taken deadly drugs found in waste basket, ash can, or rubbish pile, that it is scarcely necessary to point out the reason for the caution, while many household pets have come to untimely ends in the same way.—Clara D. Noyes, R.N., in *The Health Builder* for November.

ARTIFICIAL TEETH

We referred recently to the defective cleaning of tooth plates pointed out by Dr. Grange in a medical journal; another writer supports him and adds:—A denture should be removed and brushed preferably after each meal, always after breakfast and at night; the gum covered by the plate, and so deprived of the natural friction of the tongue, and especially the gum margins round remaining teeth, should also be vigorously brushed. Before retiring the denture should be scrubbed with a stiff brush, dipped in water (preferably with a lump of soda added), rubbed on a piece of soap, and then charged with powder or paste. Special care should be given to the inside of clasps fitting round natural teeth, for which a pointed piece of cane should be used instead of a brush.

During the night the denture should be left in water to which some antiseptic has been added. For this purpose a chlorine preparation is suitable, for, though the taste is unpleasant, its effect, especially on gold, is almost magical, and greatly diminishes the trouble of brushing.

From Dr. D'Oyly Grange's statement, that it is sometimes necessary to wear dentures at night, I must differ emphatically and have yet to see the case where it is so. I regard it as a most pernicious practice.

—*Nursing Mirror.*

Dying Statements

Trouble having arisen on more than one occasion between the Crown officers of Toronto and the authorities of the Toronto General Hospital, because of alleged negligence on the part of the latter to convey to the former information made by certain dying patients who had met with foul play or maltreatment, Hon. Justice W. R. Riddell was asked by the Attorney-General to preside over an informal but representative committee to consider the proper practice in cases of apparent crime.

Inter alia it was agreed that it would be of advantage that a simple and practical statement as to "dying declarations," "ante mortem statements" or "evidentiary declarations" should be prepared for the guidance of medical men generally and those in hospitals particularly.

In respect to declarations as evidence, Judge Riddell states that the general rule of our law is that only what is said under the sanction of an oath (or its legal equivalent) can be received as evidence. But for about two hundred years the English law, which our law follows, has made an exception in what have been called "dying declarations," or "ante mortem statements"—sometimes "evidentiary declarations."

General Remarks

When a judicial investigation is being made into the death of any person by homicide, statements made by that person respecting the circumstances resulting in his death are admitted in evidence, if such statements are made by him when under the influence of a conviction that his death is impending.

Sometimes such evidence is of the very greatest importance, since frequently no third person was present. It is, of course, the duty of every good citizen to disclose crime and to preserve evidence of it. A medical man, therefore, attending a patient likely to die under circumstances indicating a crime by act of omission or commission which directly or indirectly caused his death, should endeavor to obtain such evidence from him as is available; and this sometimes is as useful to protect the innocent accused of crime as it (more frequently) is to convict the guilty.

This is not (as it is sometimes offensively put) to act the part of a detective, but to act the part of a good citizen, and it is called for only in cases of apparent homicide where there is reason to suspect that the condition of the patient is due directly or indirectly to crime, foul play or criminal negligence.

Speaking generally, it is always wise for the doctor, as soon as he thinks that a case is hopeless, to inform the patient of the fact—he may have affairs to settle, a will to make, directions to give, etc.

Difficulties may sometimes arise as to which it is impossible to lay

down any fixed rule—for example, the patient may be of such a temperament that a statement of this kind would probably cause death sooner than it otherwise would occur, etc. Medical men are always conscious that (speaking generally) their first duty is to the patient, and that consequently nothing which can be reasonably and properly avoided should be done which is likely to harm the patient; and yet, exceptional cases may occur in which the private must give way to the public good. The medical man must face the situation, if and when it arises, and determine as his conscience and sense of public duty dictate. Cases of this kind are exceptional; and in no case should fanciful or captious objections be raised; in all cases of *real* difficulty, the Crown Attorney should be at once consulted.

Rules of Law

To make a declaration evidence, there must be in the mind of the patient an impression of impending death—if he believes that his case is hopeless, but that there will be a prolonged continuance of life, a declaration is not admissible. There must be an expectation, a hopeless expectation, of death near approaching. It is of no importance that the physician, or any other than the patient, thinks he may recover—the important thing is the expectation of the patient. Nor is it of any importance how this expectation is induced, whether from the patient's own observations, statements of medical men or otherwise — the essential matter is its existence, however induced.

This expectation, impression and conviction that death is impending may be manifested by the patient in any of several ways—he may say so in so many words, or he may indicate his conviction of impending death by changing countenance and appearing distressed or terrified when he is informed of it, etc. He may do this without any words of apprehension, and still make his conviction clear.

It is of great importance for the ends of justice that the attending physician should not only make the state of the patient unmistakably clear to him, but also that he should, if possible, obtain unmistakable evidence that the patient was convinced and without hope.

Direction for Taking Evidence

Where there is ample time, the police and Crown authorities may be communicated with to take the declaration; but no chances should be taken whereby the evidence may be lost.

The doctor should satisfy himself that the patient understands what is said to and by him.

The declaration may be elicited by questions put to the patient.

Everything said by him in respect of the circumstances causing death should be noted, even if it may seem to be immaterial.

It is very desirable that the declaration be reduced to writing; where circumstances permit, it should be read over to the patient; and if he is

able he should be got to sign it; witnesses present should also sign as witnesses. Magistrates sometimes examine a patient on oath and the examination is signed by both—this is permissible.

It is, however, not absolutely necessary that the declaration be reduced to writing at all. If circumstances do not permit of a written declaration, an oral declaration should be obtained. In that case, all present should take full notes of what is said, so that the memory may be refreshed (if necessary) when evidence is to be given of the declaration. (Such notes are, however, not evidence in themselves.)

If the declaration be reduced to writing and circumstances prevent its being signed by the patient, the witnesses should sign it after making certain that it is accurate—the absence of the signature of witnesses is not fatal to the declaration, but such signature is always advisable.

Practical Rules

1. A declaration is admissible in evidence only concerning the circumstances resulting directly or indirectly in the death of the patient himself.

2. It must be made under the influence of a conviction in the mind of the patient that his death is impending.

3. It may be made to anyone.

4. The doctor should not imperil the obtaining of such declaration by waiting for the police or Crown authorities.

5. Where there is ample time it is well to communicate with police and Crown authorities.

6. A declaration may be obtained by questions; and when the statements of the patients are not full, it is often well to supplement them by information obtained in answer to questions.

7. When possible, the declaration should be reduced to writing, read over to and signed by the patient—if it is also signed by witnesses, this is the ideal declaration.

8. But a written declaration without signature is admissible.

9. And so is an oral declaration.

10. In case of any difficulty at any stage, the Crown officers should be at once consulted.

11. In all cases of doubt the declaration should be taken, leaving it to the court to determine its admissibility and value.

12. Crown and police authorities generally prefer to take the declaration by stenographers. These rules are, however, not intended for the guidance of such authorities, but for medical men or laymen who can seldom obtain stenographic assistance.

All hospital authorities in Canada would do well to keep this article handy, to be read by every house surgeon and head nurse.

—*The Hospital World.*

Inspection of Training Schools in British Columbia

By Helen Randal, R.N.,
Registrar for G. N. A. of B. C.

The title of the paper which I was asked to read here to-night sounds much more formidable than it really is, and the term "inspection" used for want of a better one which would exactly express my interpretation of the visits made to the training schools in our province.

At the time our Act was passed, we hoped that the Legislature would appoint a registered nurse to fill the position of Training School Inspector, with full power to act and to enforce the law. In talking the matter over with several of our law-makers and particularly the head of our Department of Health, we were told that the Legislature had passed our Registered Nurses' Act with its definite statement of what was and what was not an accredited training school; so therefore we were authorized to do our own inspection, supervising and whatever else we wished to do in order to carry out the Act. With this in mind and feeling that we had a real obligation laid upon us to help the schools training nurses, the Graduate Nurses' Association of British Columbia instructed me to visit these schools, make a survey and report.

Every effort was made to get in closer touch with the members of hospital boards, high school officials and students, and with interested people wherever it could be done. The result was satisfactory, more so than was anticipated, and since then a visit has been made yearly to each school.

It may interest you if I tell you in detail something of the plan worked out and its result. I usually write the head of the training school, telling her when I hope to be with her and asking her to notify the hospital board that they may, if they so choose, talk hospital and training school matters over with me. I also ask her if she and the principal of the high school think it would be helpful if I talked to the entrance class and those already in high school about the value of completing their high school course in order to succeed in any line of work they may eventually take up, stressing, of course, the training for nurses, with the large field ready for the competent graduate nurse; and the fatal attitude of too many parents in allowing children to leave school without the high school certificate or matriculation standing. This is usually granted with great willingness, and one is usually thanked by the principal for bringing the old topic they present daily to the child from another angle and from one who is not a teacher. It also opens up a channel of communication between training schools and the high school and a possible arrangement for night or special classes in technical subjects, such as chemistry for the pupil nurse. The girls are good listeners and appear interested in the ten-minute talk, which is my limit.

So much for the outside aspect of the visit. As to meeting the board: I always try to go over the hospital very carefully, check up all points in connection with the school, ask to see records of students, equipment for teaching and demonstrating, and generally talk over the situation with the superintendent of nurses. She, poor woman, generally knows what is lacking, but seems to be unable to get the board to see the real need. Then, when the board have asked me to meet them, I am prepared to show them the best points of their school and hospital, and what must be amended to conform with the Act's standard of an accredited school. Each year there has been a marked desire to get whatever was required in the way of equipment, books, etc., but is far harder to show them that the present way of teaching must change if it is to be a real school—and nothing else will do if they accept young women as pupils. I have found the men and women splendid people, with the deepest interest in the hospital, but with probably less real knowledge of it as an educational institution than could seem possible. One has to remember that to most of them pupils in training schools are, and this idea is deeply fixed, though unconscious, on their part, either the cheapest means of labor obtainable or taken casually as the accepted means of staffing a hospital.

In our Act affiliation has been arranged for and has helped the condition of nurses in training in these smaller hospitals immensely. It may interest you to know that these affiliates have done very well in their examination for R.N. certificates, and they have gone back in several cases to their own schools as staff nurses with a thankful realization of what the third year spent in a large hospital has done for them.

Last year, at the meeting of the B. C. Hospital Association, some members of small hospital boards complained that it was a hardship for their institutions to have this affiliation, not realizing that it is largely due to this attractive feature of the small school prospectus that draws young women to them and the small hospital.

They must face the proposition that whatever the financial situation is, and no matter how sympathetic we may be with their difficulties, the fact remains that they are obligated, when they open a school, to see that everything understood in the word "school" must be provided. Several small schools, and by small schools I mean really small ones of 20 to 30 beds, are now getting students with a two-year high school preliminary education into their training schools when otherwise they would be experiencing the shortage they had before. Certain economic factors might send some young women to them, but the young woman equipped with a proper preliminary education would go elsewhere. This is the only complaint made, the larger hospitals being most generous and careful in their arrangements for these students and for the betterment of their special training.

The full co-operation of the hospital boards would, I am sure, be

with us, if they did not have the financial stress of running a hospital as it is run to-day—on their shoulders—and failing to see that nothing will release them from their responsibility in undertaking a school.

The superintendent of nurses—yes, she is that—is also the instructor, the housekeeper, often the operating-room supervisor, the bookkeeper, and the practical executive officer responsible day and night—stands begging the question when pertinent remarks and queries are made regarding the classes and teaching of theory. "Oh yes," she says, "they have lectures by the doctor." A little sifting down of that statement shows clearly just what that means. As one enlightened president of a small hospital board said to me recently, "We are running our school on charity so far as teaching goes." Lectures are given by a man who in many cases never could teach, no matter how clever he may be professionally, or else he remembers part of his student lectures and endeavors to carry the nurses on far above their heads as if he were addressing medical students. We, the association, endeavored to find out just how real was the request that we put on a travelling teacher to help these schools, and, in answer to our questionnaire, it boiled itself down to this—that if the association was willing to finance the teacher, they would accept her services. This was not our plan, though we did expect to help plan curricula with her, and otherwise assist, but it was not intended to relieve the school from its financial responsibilities. The teaching problem of the small schools is the problem still. It is one of the things that will be taken up by our newly-appointed Nursing Education Standing Committee of our Provincial Association, and we hope to find the solution. Making lesson plans, arranging for institutes or demonstrations to be given at the time of our annual meetings, will, I think, be of inestimable use to these schools.

Registration examinations are arranged for in this province, so that the pupils may take this examination prior to their graduation. This, we hope, is the beginning of one examination for both school and provincial board of R.N. examiners. It takes a little time to bring this about, but the feeling is that it will be a wise and popular step.

One thing this survey has shown is the absence of any attempt on the part of hospital boards to ask for any special qualifications in those whom they choose as members of the staff, and particularly of the all-round woman they confidently expect to find in anyone who applies for the position of superintendent of the hospital and school, with the other duties attached, to which I have made reference. They seem to think that the mere fact of holding a diploma from any school and applying for the position is enough to guarantee what they want being forthcoming. One of our hopes, perhaps I had better say dreams, is that we may soon establish a confidential bureau for both hospital and executive and staff nurses where we may eventually get together the right position and the right woman to fill it to the mutual advantage of both. One

thing must be remembered, and that is the status of the staff and their living conditions. It is getting more difficult to get the right women to take these complex positions, and, in order to fill them with satisfaction, changes must be made in living conditions and salary. Graduate nurses must be well paid if they are to be properly qualified, and the authorities must realize just how valuable or destructive to the success of the hospital the executive head is. An increasing salary schedule, proper, comfortable housing, representation at board meetings, vacation and relief must be offered before these positions are alluring to the specially trained and equipped registered nurse.

To sum up, what has been the value of the inspection of the training schools? It has brought about a closer understanding of what the pupils must have in the school and also a better understanding of the difficulties the hospital boards have in financing this department of the hospital. They learn, perhaps for the first time, that it is really a separate department of the hospital. It gives them a chance to talk over special and general problems and to get together on many points. It shows them that the G. N. A. of B. C., by financing this inspection and giving this help, is unselfish in the desire to improve conditions and to give relief to the problems of the board when possible. It opens the way to correspondence regarding positions to be filled, situations to be met and problems to be solved where advice can be asked freely. It shows the hardships of the executive heads of small hospitals and should point some way to give relief. It shows the deplorable lack of any satisfactory record of the nurses training and of equipment and teaching facilities in most schools. That a Nurses' Home is or should be one of the first requisites of any hospital planning has to be dwelt upon more and more. It, a separate home, is beginning to be recognized as an economical factor in keeping the pupils happy and well, and therefore doing better work. The time will come through this inspection that we shall have closer co-operation between boards of the G. N. A. of B. C. and a central training school, affiliation between both large and small hospitals giving a training in both to all students, and an insistence on the grading of nurses for qualifications for staff or executive positions.

In conclusion, let me urge that in each province where registration is in force, that the provincial association take up this work of visiting the training schools and inspecting them, thus acting as a medium between school, the registration committee and the hospital boards.

Let us all urge all methods towards a better and more uniform curriculum and training in our own provinces — leading to uniformity between provinces and finally Dominion-wide regulations. The first step being an insistence on proper qualifications for the heads of training schools and help given to such nurses as are ambitious to get such special training. Sufficient teaching staff both inside and outside the school, proper equipment, and school-rooms must be obtained, where the nurses

may study comfortably. Remember that hospital boards are usually doing their best, but old traditions die hard, and it is difficult to demonstrate that obsolete methods must be done away with. Exploitation of pupils must be eliminated, as it can only be done by tactful education of board and staff. Clearer conception of the obligations of hospital boards towards their students, as demonstrated by the inspector of these schools, will show the value of these inspections.

—Read at the C.N.A.T.N. Convention, Edmonton, 1922.

WEEDING THE FAMILY MEDICINE CHEST

Weeding out is usually the first step in revolutionizing a ready stocked medicine chest. Begin by banishing *all* patent medicines—liquids, pills, or powders. Notwithstanding the volumes written to warn the public against these nostrums, drug stores continue to do a flourishing business in them. Many of the widely advertised "cures" contain such poisons as coal tar derivatives. Practically all so-called "tonics" are 50 per cent. to 75 per cent. alcohol. Some of the cough syrups religiously purchased year after year by trusting mothers have camphor as their chief ingredient—a drug that produces convulsions when taken freely. Calomel, a household "remedy" in certain sections of the country, and administered indiscriminately to young and old, is a derivative of mercury. Taken in large doses, or too often, it may cause symptoms of mercurial poisoning, while its effect upon the teeth and gums is especially harmful. In its place calomel is a valuable drug, but the doctor is the only person whose judgment may be relied upon as to its proper use. Headache remedies generally, and such popular favorites as aspirin, veronal, phenacetin and strychnin in particular, are doubly dangerous to the layman because of their habit-forming nature.—Clara D. Noyes, R.N., in *The Health Builder* for November.

No one can know the shortcomings of the school better than those responsible for it. The best and the worst in our nursing work are not due to the schools, primarily, whatever be their virtues or faults, except as conditions in them are such that good applicants are deterred from entering, but are due to the inherent qualities brought to the schools in the persons who present themselves as applicants. If by birth, environment and education they have ideals, intelligence and mental culture, the result is almost sure to be satisfactory, and every effort made to attract that type of young woman redounds to the credit of the hospital and school from which she graduates.—"History of the Massachusetts General Hospital Training School," by Sara E. Parsons.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

The St. John Ambulance Association and its Origin under the Order of St. John of Jerusalem. Recent War Activities under the Joint War Committee of the British Red Cross and the Order of St. John. * †

One of the most interesting features of military nursing to-day, from the historical standpoint, is the survival, in the St. John Ambulance Association, of the philanthropic practice and ideals of the old mediæval order of the Knights Hospitallers of St. John, and the revival of the ancient prestige of the Order through the magnificent work done by its members during the recent war in amalgamation with the British Red Cross under the title of the "Joint Committee of the British Red Cross Society and the Order of the Hospital of St. John of Jerusalem." It is interesting to learn from a recent decision that the "Joint Committee" is to continue in operation and to prosecute its works as such under the peacetime policy of the League of Red Cross Societies, so that this honourable name, and the tradition that lies behind it, is to have an acknowledged part in the present world movement for the defence of the public health. In this particular, too, history has fulfilled itself, for in mediaeval times the Knights of St. John were an international organization with membership in eight different countries, and carried on the hospital work that was their peculiar province in a spirit that made it, in the words of Nutting and Dock, akin to Red Cross work.

Origin: The following facts not already outlined in Lecture IV. in regard to the early history of the English *"Langue"* are of interest, as the St. John Ambulance is an institution of this division.

The first land owned by the order in England was a grant of ten acres in London to the Order, by Jordan de Briset of Elthan, in Kent, in 1130 A.D. On it the great Clerkenwell Priory (which latter word was the name given to the chief seats of the *"Langues"* in the various countries) was soon after erected. It was an imposing structure, containing the hospital, church, halls and dwelling-place of the Knights. During the succeeding five hundred years the Priory took a leading part in English court life and was a favourite place of entertainment for the

* See Lecture IV. on the origin of the Order of St. John.
† Copyright November 23rd, 1920.

English kings and their royal guests, who were sometimes in residence there for weeks at a time.

Once established, the Order grew rapidly in wealth and extended widely, so that in 1338 it owned ninety-nine manors in various parts of England, and large properties in Scotland and Ireland, besides other parts of London itself, such as Lincoln's Inn Fields, St. John's Wood, etc. Its prosperity in England reached its height in the reign of Henry VII., who became its Protector. At this time the Lord Prior of the Order Sir Thomas Docwra, restored the Priory building and expended large sums in beautifying it, and erected the great St. John's gate-house and the tower of the church. During the early part of the reign of Henry VIII., Sir Thomas Docwra was high in favour, and, when Grand Master De l'Isle Adam came to the Priory after the fall of Rhodes, Henry visited him there, presented him with ammunition for the help of the Order, and himself entertained him in return at St. James' palace. The reverses of the Knights began very soon after this with the quarrels between King and Pope. A royal decree in 1540 A.D. enforced the dissolution of the English *Langue,* with confiscation of all their property to the Crown, members being forbidden to wear the dress of the Order or to use its titles. The Knights fled to Malta, but not before several of their leaders had been beheaded or hanged. On the accession of Queen Mary these decisions were reversed and a charter was given, reinstating them in all their ancient privileges, but, as soon as Elizabeth ascended the throne, their property was again seized and the Knights were again forced to fly to Malta. From that time, for several centuries, the English Langue existed only in that Island, until, in 1798, Napoleon made himself master of Malta, and carried the greater part of the treasures of the Order, in church, palace and hospital, away on his flagship, which was sunk with its entire load by Nelson in the Bay of Aboukir. The Knights were scattered over Europe and many returned to England. Early in the nineteenth century the French Knights resident in Paris obtained the reconstitution of the Order as a militant body, to fight in aid of the Christians in the war between Greece and Turkey, and invoked the aid of the English, in a document which re-established the English branch and prescribed that its members might be members of the Anglican Church. The Charter of Queen Mary, which had never been revoked, was, however, the document upon which the English Division actually rested until 1888, when a new charter was given by Queen Victoria confirming the Knights in their privileges and acknowledging their claim to exercise ambulance and nursing functions, which they assumed from the time of the Franco-Prussian war on.

Origin of St. John Ambulance Association.

It was at this time (1870-71), as a result of experiences gained as members of the British National Society for the Aid of the Sick and Wounded in War, behind the Franco-Prussian lines, that certain

Knights of St. John, feeling that it was impossible to conduct organized relief in time of war, unless preparatory work were done also during peace, took the action that resulted in the organization of the *St. John Ambulance Association.* The first centre was formed at Woolwich and was quickly followed by others in London and the provinces.

The chief function of the Ambulance Association was the training of pupils in First Aid for emergencies and in light ambulance work; courses of instruction were also given in home nursing and sanitation. In consequence of this instructional work by the St. John Ambulance Association a natural desire arose on the part of its students and certificate-holders in first aid for coöperation, and as a result *Ambulance Corps* were formed in various parts of the country. In the year 1887 these were combined in a single organization known as *the St. John Ambulance Brigade,* which is thus an association of trained first aid workers co-ordinated together for purposes of national relief.

The work of the St. John Ambulance Association and the organization of the St. John Ambulance Brigade soon spread from Great Britain to her dominions overseas, beginning with New Zealand in 1892 and proceeding rapidly over Australia, Canada, India, Ceylon, Malta, Newfoundland, New Zealand and South Africa. An important phase of the educational work of the association in peace has been the awarding of trophies for competitive examinations in first aid. In the organization of the Order to-day, which has been arranged under the charter as far as possible, on the precedent of the old Order, the Sovereign of the Realm, King George V., is the Patron, and all admission to the Order must receive his sanction. The Grand Prior or Principal Kinglet is H.R.H. Duke of Connaught, who was elected on the eve of St. John the Baptist, in 1910, and exercises the government. Next in precedence is the Sub-Prior, then the Bailiff of Egle, then the Knights of Justice, Ladies of Justice, Chaplains, Knights of Grace, Ladies of Grace, Esquires, Serving Brothers and Sisters, Honorary Associates and Donats. The grades of Lady of Justice and Lady of Grace are among the few honors conferred on women for national service to-day. The high honour of Lady of Justice has been conferred upon only one Canadian woman, Lady Grace Julia Drummond. Some twenty-two Canadian women have been admitted under the title, Lady of Grace, and three have been made "Honorary Serving Sisters."

The St. John Ambulance in War.

During the South African war (1899-1902) the St. John Ambulance sent 2000 men members, who were attached as hospital orderlies to the R. A. M. C.; of these 70 lost their lives.

In the year 1909 a system of Voluntary Aid Detachments was inaugurated by the British war office for the assistance of the Territorial (voluntary) Force, as a part of its medical service, or of that supplied

for it by the British Red Cross. These detachments were to consist of bodies of men and women trained to supplement the Military medical personnel in clearing hospitals, rest stations, and ambulance trains. In 1910 this organization was perfected, and it was then announced that *"a Brigade or County Company of the St. John Ambulance may be regarded as equivalent in every respect to a voluntary aid detachment."* The St. John Ambulance Brigade thus became recognized as a part of the British Technical Reserve. During the next four years organization of V. A. D. Detachments proceeded rapidly, so that at the outbreak of the Great War its personnel numbered 84,352, of whom 67,714 were from the British Red Cross and 12,628 V. A. D. members of the Order of St. John (men and women). At the Armistice these figures had increased to 90,623 Red Cross and 35,070 Order of St. John V. A. D's. Of the latter, 24,440 were women and 10,630 men. These trained first aid workers were utilized throughout the war to augment the medical units of the regular forces, the men in the capacity of orderlies and the women as V. A. D's, who took a similar place on the nursing staff of the military hospitals as do the probationers to the trained nurses in a civil institution. As the war advanced the V.A.D. ranks multiplied rapidly by members drawn chiefly from the highest and best educated class of society, who performed their duties with remarkable zeal and an efficiency that won the highest commendation. In the words of the Joint War Committee of the British Red Cross and the Order of St. John, it was "beyond praise."

(To Be Continued)

BE READY

Hast thou a cunning instrument of play?
'Tis well. But see thou keep it bright
And tuned to primal chords, that so it may
Be ready day and night.
For when He comes thou know'st not, who shall say:
"These virginals are apt"; and try a note
And sit, and make sweet solace of delight
That men shall stand to listen on the way,
And all the room with heavenly music float.

T. E. Brown.

A beautiful and chaste woman is the perfect workmanship of God, the true glory of angels, the rare miracle of earth, and the sole wonder of the world.—Hernes.

Editorial

Your Magazine

From time to time, once at least each year, through these pages and at each convention, the Editor endeavors to bring before the readers of the magazine, and particularly to every member of the C. N. A. T. N., who own this *Canadian Nurse*, the need of active and never-ending work in the financial support of it through both subscriptions and advertisements. It has had hard and anxious years since the association bought it in 1916—through war-time, when prices for paper and labor rose to unprecedented heights, and are now far higher than in our first year. While, naturally, one expects that the active work and worry should be taken care of by the business office, still, as each one of you is a partner in this business activity of the C. N. A. T. N., it is also your part to take your share of both. That the nurses of Canada do not support it as a whole is only too true. While we have not the numbers of organized nurses in all the provinces at our disposal, still, by calculating from such information as is available, we are ashamed to face the percentage given as subscribers per province. The *American Journal of Nursing* has been giving the names of states and their percentage, and in Canada, to one's dismay, not one province's subscriptions reach 50% of membership.

Do we want a Canadian nursing journal? Do we feel the need of one to the extent of paying $2.00 as the individual share of the financial responsibility taken by us when our delegates all voted to buy it in 1916? If it is not all you wish in a nursing journal, ask yourself if you have done everything possible to make it your ideal magazine by support and contributions.

Personal canvass and constant work is the only way that the subscribers can be secured, and when purchasing materials, etc., through the advertisements, or when writing to advertisers, it would help if the *Canadian Nurse* magazine was mentioned. In addition to both these means of helping come the contributions.

It is difficult to explain that not all that comes to the office is suitable material, and yet keep from discouraging possible contributors. It must be said, however, that the magazine needs and wants constructive articles giving help in any field of nursing, descriptions of practical nursing procedures, helpful suggestions that the private nurses have found to be useful, and which the younger nurses just setting out to work in the field of private duty nursing would value so much. Our ranks are full of embryo contributors, if they would only set their minds to work for the general good. If our training schools hold the reputation for good solid

training that they do, surely those responsible for the education of these pupils must have wonderful possibilities in their possession which would be read and re-read if lent to the magazine. The curse of the world to-day is the dislike for responsibility and a shirking of what stands as the immediate duty of each one. We all have these responsibilities, and one of them as professional women—nurses of Canada—is to take the magazine on the shoulders of each individual nurse and work together, with the officers and Editor of the magazine, in its interest.

Cultivate forbearance till your heart yields a fine crop of it. Pray for a short memory to all unkindnesses.

The truly valiant dare everything except doing anybody an injury.
SIR P. SIDNEY.

Who overcomes by force, hath overcome but half the foe.—MILTON.

Of all the crowns that ever were awarded, the crown of simple patience is the best.—WILLIAM WINTER.

I muse on joy that will not cease,
Pure spaces clothed in living beams,
Pure lilies of eternal peace,
Whose odours haunt my dreams.
SIR GALAHAD.

Common sense is, of all kinds, the most uncommon—it implies good judgment, sound discretion, and true and practical wisdom applied to common life.—TRYON EDWARDS.

All that is best in the civilization of to-day is the fruit of Christ's appearance among men.—DANIEL WEBSTER.

Civility is a charm that attracts the love of all men; and too much is better than to show too little.—B. D. HORNE.

News from the Medical World

By Elizabeth Robinson Scovil

A Memorial

Sir Arthur Currie recently unveiled a stained glass window at McGill, a memorial to three members of the Faculty of Medicine killed during the war. They were Lieut.-Col. John McCrae, author of "In Flanders' Fields," Lieut.-Col. R. P. Campbell, and Lieut.-Col. H. B. Yates.

Cold in the Head

A medical authority recommends rest at home and possibly in bed for a day or two, a simple laxative, light food, a foot bath and a warm drink, to combat this simple ailment. It may save a patient from pneumonia, bronchitis, or severe inflammation in the nose and sinuses.

Uterus After Caesarean Section

In a report of two cases of labor following a previous caesarean section, it is said that in one case the uterine muscle ruptured but the scar remained firm. In the second case the uterus was the seat of so much fatty degeneration that extensive rupture occurred as soon as labor began. This patient had had no opportunity to recover properly from the previous section.

Cancer Cures

Lord Athelstan, of the Montreal *Star,* has offered $100,000.00 for the discovery of a cure for cancer. As a result, 2,715 claims have been received from 41 different countries. The Royal College of Physicians and Surgeons advised that claimants must satisfy a recognized medical authority in his or her own country that there is some scientific basis to justify the experimental investigation of the professed cure and that any cases said to be successfully treated were really cases of cancer.

Controlling the Heart Rate

A medical man writes, "One can voluntarily control the rate of the heart by so simple a means as the respiration." Deep, slow respirations cause a slowing of the pulse; rapid, shallow respirations an increase in the rate. If the breath is held for long, the rate becomes rapid and apparently irregular in every case, whether at the end of expiration or of inspiration.

Sleep and the Baby

A doctor says the young infant cannot get too much sleep, and this is best attained by filling his stomach at regular intervals.

Rate of Secretion of Breast Milk

It is stated that nursing infants obtain the greater part of their feeding of breast milk in the first few minutes after beginning nursing. This holds true whether the supply is abundant, moderate or scanty. After eight minutes very few babies who need both breasts usually get less from the second side than from the first.

Physicians and Prohibition

One hundred and five prominent physicians of New York City have begun a movement to force the annulment of the restrictions on prescriptions for whiskey established by the Volstead Act. It is not an anti-prohibition movement; all the physicians concerned in it are opposed to the promiscuous and wide-open sale of intoxicants. It is intended to prevent the further invasion of the professional rights of physicians as conservators of the health of the people.

Illuminated Forceps and Tenaculum

A Seattle physician has introduced a tonsil tenaculum and artery forceps with a Cameron lamp attached. Any standard lamp may be used. After the removal of the tonsil, the tonsil fossa is sufficiently illuminated for the bleeding point to be seen. It can be grasped accurately with the forceps and sutured or ligated. It may be used in emergency hemorrhage in the home, and is very simple.

Physiology of Rigor Mortis

According to recent researches, the stiffness of the muscles occurring after death seems to be identical with muscular contraction. In both cases lactic acid is formed, which causes the muscle fibres to swell through the absorption of water, whereby the tension is increased. When the structure of the muscle fibres is broken down the rigidity also disappears.

Purgation

It is stated that merely because a person is sick is no reason for a purge. Most patients are best helped by water, food, and such hygienic measures as tend to build up his resistance. If the lower bowel needs emptying, it should be given with the same care and thought as any other drug.

Price of Radium

The United States Geological Survey announces that the price of radium has decreased owing to the discovery of vast quantities of radium-bearing ores in Africa, which are easily worked at a much lower cost than the American mines. It is now $70,000 a gram, the lowest price at any time since radium has been used; it was $120,000. In connection with cancer work, the State of New York and the city of Philadelphia each bought two grams for the use of their citizens, and Quebec bought one gram.

Dried Milk in Infant Feeding

The United States Public Health Service has been examining the suitability of dried milk powders for infant feeding, and concludes that there are now available dried milk powders from which products may be re-made that are safe for infant feeding. This is especially true of the whole milk powders. Dried milk is only to be used when good fresh milk cannot be obtained.

Clemency is profitable for all; mischiefs continued lose their force.

Stretch.

Behaviour is an image in which everyone displays his image.

Goethe.

Great deeds cannot die;
They with the sun and moon renew their light,
For ever blessing those that look on them.

The Princess.

In Love, if Love be Love, if Love be ours,
Faith and unfaith can ne'er be equal powers:
Unfaith in aught is want of faith in all.

It is the little rift within the lute
That by and by will make the music mute,
And, ever widening, slowly silence all.

Vivien.

Live—yet live—
Shall sharpest pathos blight us, knowing all
Life needs for life is possible to will—
Live happy; tend thy flowers; be tended by
My blessing! Should my Shadow cross thy thoughts
Too sadly for their peace, remand it thou
For calmer hours to Memory's darkest hold,
If not to be forgotten—not at once—
Not all forgotten.

—*Love and Duty.*

If we would have anything of benefit, we must earn it, and, earning it, become shrewd, inventive, ingenious, active, enterprising.

H. W. Beecher.

Public Health Nursing Department

OFFICERS:

Chairman—Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ont.
Vice-Chairman—Mrs. Hannington, 104 Sparks Street, Room 4, Ottawa, Ont.
Secretary—Miss Muriel Mackay, 190 University Avenue, Toronto, Ont.

Address public health news items from each province to the following representatives:

Nova Scotia
Miss Mackenzie,
Superintendent Nursing Service,
Provincial Dept. of Health,
Halifax, N. S.

New Brunswick
Miss Harriet Meiklejohn,
Health Centre,
St. John, N. B.

Quebec
Miss I. Lawrence,
207 St. Catherine St. West,
Montreal, Quebec.

Ontario
Miss E. J. Jamieson,
Director of School Nursing,
Provincial Department of Education,
Parliament Bldgs., Toronto.

Manitoba
Miss Elsie J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Manitoba.

Saskatchewan
Miss C. M. Kier,
c-o The Y. W. C. A.,
Moose Jaw, Sask.

Alberta
Miss Elizabeth Clark,
Provincial Parliament Bldgs.,
Edmonton.

British Columbia
Miss M. A. McLellan,
1883 Third Avenue, West,
Vancouver, B.C

The Ontario Board of Health has $115,000 annually at its disposal for combating venereal diseases. One-half of this amount is from the Federal Government and one-half from the Provincial Government. This money is for the payment of salaries, travelling expenses, educational purposes, free treatment of patients, free apparatus and equipment, and, if necessary, making of Phenarsenamine (606) or such other drug as is considered advisable. Clinics have been established in the larger centers —Ottawa, Kingston, Hamilton, London, Windsor, Owen Sound, Brantford, St. Catharines, North Bay, Peterborough, and six in Toronto.

The provincial board pays fifty cents for each out-patient treatment, and also fifty cents a day for in-patients, for a period not exceeding three months. Phenarsenamine (606) is supplied free to all clinics. Five hundred dollars is paid annually to the physician in charge of the clinic; also $500.00 is paid toward the salary of the Social Service nurse. Free record forms are supplied. One thousand dollars is paid for purchasing apparatus and equipment, according to a schedule prepared by the board.

Each clinic is required to have a Social Service nurse. The appointments are made locally, and the salary, over $500.00, is paid by the local board of health. While it is highly desirable that nurses in this special

field of nursing should have special training, in the agreement between the provincial and local boards, the requirement is, "the nurse shall be a graduate of a recognized training school." However, the provincial board advises that, immediately an appointment has been made, the nurse should spend three weeks or a month in Toronto observing the public health nursing in operation there. Opportunity is given to observe court procedure, probation, parole, and methods of co-operation with other agencies, as well as to become familiar with the provincial plan of organization. Reports of work are made to the provincial board monthly.

In towns and rural districts where clinics would not be feasible, free Phenarsenamine and apparatus, as necessary, is supplied. The service of a specialist is also provided for the first treatment.

Treatment in provincial institutions is as follows:

(a) In reformatories and industrial farms the treatment is carried out by a specialist from the provincial board, who visits the institutions weekly. The board supplies Phenarsenamine, and the institution provides the apparatus and equipment.

(b) In Ontario hospitals for the insane, free Phenarsenamine with apparatus and services of a specialist for the first treatment is supplied, after which the institution is expected to carry on treatment by means of its own medical staff.

(c) Free Phenarsenamine for other hospitals throughout Ontario may be obtained through the local medical officer of health.

Circular letters have been written to doctors, dentists, and druggists, dealing with various phases of the venereal disease problem.

Pamphlets have been printed for the use of the general public and also for patients under treatment.

Phenarsenamine is manufactured and supplied for the free treatment of patients who are unable to pay.

Films for the education of physicians, nurses and the general public have been purchased and are being shown throughout the province.

There are nine laboratories in Ontario, at Ottawa, London, Kingston, Fort William, North Bay, Sault Ste. Marie, Peterborough, Owen Sound, and Toronto. These are available for free laboratory diagnosis of syphilis and gonorrhoea.

Follow-up work in connection with Ontario hospitals for the insane is under way, and the contacts are examined in most cases of general paralysis.

Patients moving from one municipality to another during treatment are transferred through the board, in order that treatment may not be discontinued.

Canadian and American publications inserting ads concerning irregular treatment of venereal diseases are warned, and, if necessary, prosecuted.

All possible assistance is given to local boards of health.

The provincial board is working in close conjunction with the Canadian Social Hygiene Council, especially in their propaganda work.

EDNA L. MOORE.

Public Health Nurses in Venereal Disease Clinics

Venereal disease nursing is a new field of effort for the public health nurse, but one in which she has already proven her value. She has become the "aids" of the medical officer in the fight against this disease. As a result of her efforts the efficiency of the venereal disease clinic has been increased many times, and through these clinics she has given valuable service to the individual patient and the community.

The duties of public health nurses in connection with venereal disease clinics may be dealt with under three heads:

(1) Duties in the clinic;

(2) Duties in relation to the home and social environment of patients;

(3) Duties in relation to the Community.

1—DUTIES IN THE CLINICS

The duties of the public health nurse in the clinic require her attendance at all clinics, and include the doing of anything which will contribute to the smooth running and efficiency of the clinic. In some cases it may mean that she is responsible, on clinic days, for the arrangement of clinic equipment, the preparation of the treatment room, and the giving of assistance to the clinic physician in carrying out treatment. Where these clinics are connected with a hospital, a pupil nurse is usually detailed to this duty. The latter arrangement is as it should be, in order that the public health nurse be relieved for duties which more particularly belong to her.

Interviewing Patients

The pubic health nurse interviews each new patient. In these interviews she obtains the information required for the social history records; she explains to the patient the nature of the disease, the necessity for regular and continued treatment, and the danger of infecting others. If home treatment is ordered by the clinic physician, she also explains the method of carrying out such treatment. (In the case of male patients this is done by the physician.)

Correction of Physical Defects and Teaching Health Habits

The public health nurse, working in these clinics, is interested first in securing for her patient a cure for venereal disease; but she is interested also in helping him to become, as near as possible, a physically

perfect individual, living a life consistent with health. She will, therefore, be alive to, and report to the physician for diagnosis, any symptoms which would indicate the presence of other physical defects in her patient. If such defects are found to exist, she will bring to bear all the resources of her hospital to secure the correction of these defects and the instruction of the patient in health habits.

Records and Reports

The public health nurse is responsible for the social service histories and records of the clinic patients, and for various reports that are sent out from the clinic from time to time.

It becomes her duty to see that the social history forms are filled out as accurately and completely as possible, and that the information, when obtained, is made use of and referred to the proper sources, *i.e.*, the names of contacts and sources of infection to the local or provincial boards of health, bawdy houses and persons of questionable character to the police for investigation, and social problems to the proper social agencies.

Clinic Atmosphere

There is something quite characteristic of each clinic, not easily defined, but which may be called "clinic atmosphere." Upon this depends to a large extent whether the clinic attendance keeps up, whether the patients attend willingly, or whether they will only attend when compelled to do so. The public health nurse can do a good deal toward creating a "good atmosphere" in her clinic. The time spent in speaking a friendly, encouraging word to the patients as they come in, showing a little personal interest in them and their affairs, and straightening out any difficulties that may arise between patient and physician or hospital is well spent, because of the return it brings in increased attendance and contented patients.

2—Duties of Public Health Nurses in Connection With Home and Social Environment of Patients

Unless there is a good reason to the contrary, and this to be decided after consultation with the clinic physician, the public health nurse should personally visit the homes of each patient attending the clinic for the treatment of venereal disease. The first visit should be made as soon as possible after the admission of the patient to the clinic. This is important because of the necessity of verifying addresses. It has been our experience that the addresses given are frequently incorrect, and that it is only when a visit is made *re* non-attendance that it is discovered that this is so.

The purposes for which visits are made to the homes of these patients are:

To Secure Regular and Continued Attendance at Clinic

Much valuable time and effort is wasted in clinics of this kind in

treating patients who attend for a few times and then discontinue treatment while still uncured. The treatment of these diseases is long and tedious, and frequently painful. The patients become discouraged, and, their acute symptoms having disappeared, they discontinue attendance at clinic, frequently disappear and are lost. The nurse, by visiting these patients in their own homes and explaining carefully and repeatedly the necessity for continued treatment and the danger of insufficient treatment, is able many times to bring about in the patient an attitude of mind which is more important in keeping him under treatment than all the laws or police authority in the land. If persuasion fails, she has, of course, recourse to the law through the medical officer of health.

The nurses, too, have an uncanny way of finding, through neighbors, employers, and even cartage and moving men, patients who attempt to lose themselves.

To Explain the Method of Carrying Out Home Treatment, and to See That It Is Carried Out as Ordered

The routine treatment ordered by physicians in clinics for the treatment of gonorrhoea, which consists of daily vaginal douches of one solution or another, is an important aid in clearing up the disease and reducing the length of time during which the patient must attend clinic. Without instruction, few of these patients are able to carry out this treatment in a manner to make it at all effectual. In the surroundings under which many of them live there may be no opportunity to take the treatment at all, and many of them have not the proper facilities. The lack of time and privacy make it impossible for the nurse to give, during clinic hours, the detailed instruction necessary in these cases. She is able to do this much more effectively in the home by actual demonstration, if necessary. In the case of gonorrhoeal vaginitis in children, treatment will always have to be demonstrated. In some cases it may be necessary to secure for the patients douche bag and pan through some relief organization.

To Secure the Examination of Contacts and Sources of Infection

This part of the work in connection with venereal disease clinics is that which is most difficult, and requires the greatest amount of tact and understanding on the part of the nurse.

A quiet talk to the person concerned, in the privacy of their own home, will often secure the results desired, and abort the domestic tragedy so often threatened in these cases.

To Keep Informed of the Conditions Under Which the Clinic Patients Are Living

The public health nurse cannot say with certainty that her patient is carrying out the rules of the clinic in regard to treatment, conduct, etc., unless she knows something, from personal observation, of the manner of living of the patients attending her clinic. It is for this reason

that the clinic nurse feels justified in keeping her patient under a certain amount of supervision, even though they may be attending regularly for treatment. It is rather embarrassing for the nurse to learn, for example, that the patient who has been attending the clinic regularly for treatment has been all the time (without the knowledge of the nurse) an inmate of a house of prostitution.

In visiting these homes the nurse frequently has the opportunity to do real missionary work by discovering and remedying ills, both physical and social; illness, unemployment, non-attendance at school, immorality in the home. These conditions, when discovered by the nurse, may be referred to the proper social agency to secure a remedy.

3—The Duties of the Nurse in Relation to the Community

The first duty of the public health nurse in a venereal disease clinic is, of course, the securing for her patient a cure of the disease for which he has come to the clinic. By doing this well she is also rendering a service to the community, for she is preventing the occurrence of other cases of disease, which would have resulted in those exposed, if the patient had remained untreated and uncured. But, to be complete, her work must extend outside the clinic, and she must endeavor to prevent the occurrence in the community of the cases which are forever feeding the clinics. In order to do this she must deal with

The Contacts and Sources of Infection of Clinic Patients

The patient attending the clinic for the treatment of venereal disease is only one link in the chain of disease. Those who have been exposed to him are, if diseased, so many potential sources of infection, and should be dealt with as such. The public health nurse who is truly "on the job" will not rest until this is accomplished, either by persuasion or by force of law.

The Conduct and Mode of Living of Patients Attending Clinics

Those who are concerned with the treatment and cure of venereal disease have a responsibility toward the public which is greater than that of persons treating any other disease. This is true because the law of the country and medical ethics demand that these diseases be treated with a certain amount of secrecy, and forbids the giving of information concerning persons so infected. Those concerned in treating such persons owe it to the public to see that, so far as in their power, these persons shall not, either innocently or otherwise, expose others to infection. The working out of this principle is difficult. For example, a woman under treatment for an acute gonorrhoea may be employed as domestic in a home where there are little children. The patient should not be allowed to remain in her position; the risk of infection is too great. The clinic nurse, knowing the facts, is not permitted to inform the mistress of the girl's condition. She must handle the situation, or else it will be necessary

to notify the medical officer of health, who, in his turn, would inform the mistress of the danger of the situation.

Medical authorities have long contended that, in dealing with venereal disease, they were concerned with the physical and not with the moral sides of the question. Experience has proven that, in considering this disease, the physical and moral sides of the question are so intimately connected that they cannot be dealt with separately. A sexually promiscuous individual is almost always venereally diseased, is rarely completely cured, and, if diseased, is always a spreader of infection. The old idea that a diseased prostitute is safe if under treatment has been thoroughly exploded. The conduct in regard to sex matters of the persons attending the venereal disease clinic becomes, then, a matter of concern to the public health nurse. She may not be able to change the conduct of these persons, but should refer them to those organized to exercise some control over it.

Foci of Infection

There exist in every community certain places and conditions which may be said to bear the relation to venereal disease that the stagnant water pool bears to malaria. These plague spots of our cities—bawdy houses, rooming houses where immoral conduct is ignored or winked at, taxicabs used for immoral purposes, certain foreign restaurants which are nothing more than places of assignation, and certain dance halls where prostitutes congregate—are an important factor in the spread of venereal disease, and their removal and supervision is as much the concern of the public health worker as is the filling up of the water pool in the case of malaria.

Much valuable information may be obtained from the patients attending venereal disease clinics concerning the location and operation of these places, and the nurse will see to it that this information is referred to those who have authority to deal with it.

Prevention

It is now a known and acknowledged fact that prostitution, either professional or clandestine, is the chief factor in the spread of venereal disease. Prostitution is a complicated social phenomenon, bound up intimately with such other social problems as double standards of sex morality, mental deficiency, bad housing, lack of home training, lack of proper facilities for dealing with sex delinquents in courts and penal institutions, etc. The nurse in the venereal disease clinic is in a strategic position to gather data concerning the relation of these problems and prostitution, which means venereal disease. Once having obtained the information, she will not be content until it is placed in the hands of those agencies organized to make use of it.

The field of endeavor for the nurse in venereal disease clinics is wide and her opportunities for service are many. In order to meet these

opportunities she must be a person with special qualifications, which include a good technical training, intelligence and vision, and a fund of human sympathy and understanding.

FRANCES BROWN.

SOME WAYS TO KILL AN ORGANIZATION

A few ironical hints were read at a recent meeting of the American National Organization of Trade Association Secretaries:

1. Don't come to the meetings.
2. If you do come, come late.
3. If the weather doesn't suit you, don't think of coming.
4. If you do attend a meeting, find fault with the work of the officers and other members.
5. Never accept office, as it is easier to criticize than to do things.
6. Nevertheless, get sore if you are not appointed on a committee; but if you are, do not attend the committee meetings.
7. If asked by the chairman to give your opinion regarding some important matter, tell him you have nothing to say. After the meeting, tell everyone how things ought to be done.
8. Do nothing more than is absolutely necessary; but when other members roll up their sleeves and willingly, unselfishly use their ability to help matters along, howl that the association is run by a clique.
9. Hold back your dues as long as possible, or don't pay at all.
10. Don't bother about getting new members. Let the secretary do it.
11. When a banquet is given, tell everybody money is being wasted on blow-outs which make a big noise and accomplish nothing.
12. When no banquets are given, say the association is dead and needs a can tied to it.
13. Don't ask for a banquet ticket until all are sold, then swear you've been cheated out of yours. If you do get a ticket, don't pay for it.
14. Keep your eyes open for something wrong, and, when you find it, resign.
15. When you attend a meeting, vote to do something and then go home and do the opposite.
16. Agree to everything said at the meeting, and disagree with it outside.
17. When asked for information, don't give it.
18. Get all the association gives you, but don't give it anything.
19. Talk co-operation for the other member with you, but never co-operate with him.
20. When everything else fails, blame the secretary.

—From Rotary Menu Card.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Isabel Crosby, 97 Avenue Road,
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
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Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

The Private Duty Nurse and the Association

AN EX-PRIVATE DUTY NURSE

The title of this little article is quite enough for my fellow-nurses in active service to hold up hands in horror and say, with indignation, "It's quite evident that she is an 'ex,' and not as busy as I am, or she would not suggest any very active connection between associations and private duty nurses." In spite of this scathing condemnation of the title, the fact remains that we, nine-tenths of the graduate nurse forces of the world, must have active connection and active work with and for the association if we are to be considered as part and parcel with the other branches of the profession which do feel the need of co-operation and activity in order to come up to the mark. The C. N. A. T. N. evidently felt this when the recent section of private duty nurses was arranged for. Quite in the family, and where no others can hear us, let us whisper that sometimes there is just the tiniest feeling deep down and carefully squelched that perhaps we asked for more than we really do want. Isn't that heresy? Only a member of the "noble army" would dare to suggest this. One of the hardest things is to convince the private duty nurse that she really does need these meetings and can find time for them at least some months in the year. The profession generally needs the private duty nurse, too, and somehow or another the need must be felt and met.

One of the complaints heard about ourselves is that we forget that we are anything more than nurses and have nothing more to think about and talk about than our last case and other professional gossip which is

one thing and about the only one ever discussed where groups of nurses gather at the hospital table when "specialling." Would it interest you if a current events class or rather talk could be given each month? It might be arranged for at first by someone, a married nurse, for example, or one interested in nurses from the Local Council or other body of women who could make this subject most interesting. A suggestion is that, after the first year, it be left to the nurses themselves to gather data on the current events of the day which certainly, in these days, make history. How few of the private duty nurses read their newspaper with any degree of interest in anything but the local affairs, and have any idea of the world and its affairs! A course in parliamentary usages would help many a nurse to bring her views to the attention of the gathering with confidence that she was doing it in the correct and proper manner. Another series describing the laws relating first to her profession and then to women generally which are in force in her own province would make it clearer how careful one should be as a voter to send the best we have to the Capital. Do you say that these are all very well, but it is not nursing? No, that is true, but we are women first and nurses afterwards, and above all we are citizens and have the franchise. In addition to these series it would help much if practical nursing procedures of recent date were discussed and possibly demonstrated.

The private duty nurse knows, as probably no one else can know, just how far short her own training fell of giving her the poise and equipment for the special work she has to do. Meeting all sorts of people, with all sorts of homes and equipment to work with, all sorts of situations to be met, it must surely have struck all of us how very casually we were sent out from the training school, where we always had someone to appeal to for help and supervision—out quite on our own, and expected to make good at that. We all could bring up reminiscences of the early days of our public life which would be a revelation to those who have never had to face the strange door with a sinking heart and a secret dread in our inmost being that we were going to meet our Waterloo then. Does it not seem to you, my busy sisters, that part of our duty is to help the student in the hospital school? Would it not be a wise thing for a successful private duty nurse to have a series of talks with the pupils on private duty nursing? Would it not seem only right that we should bring the weight of numbers and the wisdom of experience to the help of the superintendent and ask for better teaching and preparation for private duty to be given the pupils? A committee formed inside our private duty nursing section could, with advantage to all, work up such a plan which, tactfully presented, certainly should be warmly received by the superintendent of nurses and acted upon, if practical.

Pupil Nurses' Department

Student Nurses' Recreation

By R. Layton,
Vancouver General Hospital

"I used to spend a great deal of time on my music, but since I came in training I have not had time for it."

How many times have we heard just such a statement, or statements similar to this one!

Among the young women in our training schools for nurses are many who, previous to entering the school, were students of literature, music and art. When their duties as nurses began, other studies were discarded.

We must admit that a nurse's days are busy ones. When "coming off duty" at night, footsteps lagging, and mentally rehearsing the day's work—the sad parts, the bright "spots," the work we enjoyed and the work we did not enjoy—what does the nurse do, as a rule? Gathering her most intimate friends about her room, the entire party discuss the seriously ill patients on their respective wards, that "terrible" doctor, the "impossible" nurse, and so on. The same conversation may be heard in the nurses' dining-room, and at social gatherings where nurses are present.

The three years of training come to an end in a surprisingly short time. Following the never-to-be-forgotten graduation exercises, the nurse in training becomes the graduate nurse, of whom so much is expected, not only professionally but socially as well. Whether in private duty or in institutional work, the nurse who is well read and can converse intelligently upon general topics is infinitely more valuable than one whose conversation is confined to "hospital" and "patients."

To use a common expression, let us avoid getting into a "rut," for we are prone to do just that. If we do not realize this while in training, we will when our training school days are at an end. The world has been moving during the three years of training, and, unless we keep in touch with what is happening, we will be left behind.

The question, then, is: How can we, as nurses in training, keep pace with the times and also avoid neglecting studies other than those connected with nursing?

First, the formation of a literary society would be of value. Instead of talking over our work, in the evenings, suppose we spend one or two evenings a week reading aloud from our favorite authors and discussing their works. Informal debates on topics of the day would serve to keep

us in touch with what is going on about us. A great deal might be done along musical lines as well, if we devoted at least one evening a week to music, instrumental and vocal. In other words, let us spend as much time as possible "keeping out of the rut," remembering that it is the responsibility of each one of us to make the best use of her time, whether "on duty" or "off duty." Time lost or wasted is the one thing which cannot be replaced.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

University Credits

By Miss Rayside

Undoubtedly the nursing profession is on the threshold of a new day of opportunity of service, and, in order that nurses may fully meet this opportunity, the superior education provided by a university should be sought by nursing schools, just as eagerly as it is sought by all other types of professional schools.

In Canada, British Columbia has led the way, and already the Training School of the Vancouver General Hospital, which has this university connection, is attracting larger numbers of the better educated women who are so much needed everywhere in nursing to-day.

In the United States this same thing is found in the training schools that have this university connection, and nurses have shown themselves as keen in scholarship and as capable of meeting university standards as any other groups of students.

The latest development in university education for nurses is the five years, combined, liberal arts and professional programme, leading to the college degree and the professional diploma. The object of this combined programme is to give to the young high school graduate an opportunity to continue her general education in college for two years before taking up her hospital training, and to have the whole course knit together and carried on under the auspices of the university, and to ensure not only a broader cultural background for the nurse, but a sounder scientific foundation for her professional work.

In all universities the requirements for the Degree of Arts or Science is based on the credit system; so many credits or points. At McGill University 57 credits are required for a B.A. Degree, and these credits

are divided as follows throughout the four years: First year, six subjects, three hours weekly for college year, 18 credits; second year, five subjects, three hours weekly for college year, 15 credits; third year, four subjects, three hours weekly for college year, 12 credits; fourth year, four subjects, three hours weekly for college year, 12 credits. Total, 57.

The basis of credit for nursing courses would be exactly the same as for other college courses on condition that they measure up to the standards already outlined for college work. It is more difficult to find a basis of credit for the practical work of the hospital. No matter how valuable we may conceive this practical work to be, no college would allow any large proportion of its credits to be assigned to any high specialized form of technical work, whether it be music, or art, or physical training, or nursing.

In the above scale not more than 12 credits would be allowed for the practical work in nursing. This would be at the rate of about one-half a credit for each month, and we would have only 12 credits left to be divided among the various services.

Social Activities in Schools of Nurses

By Mary Martin

During the past few years one of the most discussed problems in nursing circles was the need for shorter hours for our student nurses. Not all our hospitals have as yet reached what we consider the ideal—an eight-hour day, but all have made some strides in that direction, and we feel it is only a matter of time and we shall see an eight-hour day in all hospitals, large and small, all over the country.

But if we have solved, or partly solved, the matter of shorter hours, we have brought ourselves face to face with another problem—not a new one, but rather another aspect of the same one—the need for more recreation, for more organized play for our student nurses.

Every child knows how to play; it is as natural as sleeping or breathing; but the wise parent suggests and supervises the child's play in order that it may accomplish the true purpose of all play—the satisfaction and the development of the individual. And our student nurses are, after all, only children grown—sometimes scarcely even that. They are none the worse for it, but rather the better, because they bring to this great profession of ours the freshness and the enthusiasm that belongs to youth alone—assets invaluable in our sick wards.

But because of their very youth we cannot afford to separate ourselves from their play, their various forms of recreation, without harmful results to them and to our training schools.

The word recreation comes from recreate, which means to renew, to give new life to, and has aptly been defined as anything which adds to the joy of living without detracting from the capacity for work. That gives us wide scope for activity; and the wider we make our recreational field, the more successful shall we be as training schools.

Time and again we hear the criticism that nurses are very one-sided; that they know little outside their own field of work, and with shame we have to confess that it is in a measure true, and that the fault is largely with our training schools. I think this criticism, more than any other, is responsible for our shortage of nurses, and only when we make our curriculum of education include the opportunities for that larger education outside the training school shall we be able to attract to our schools the type of young woman that we so earnestly desire.

Here, as in every other department of the hospital, the question of finance comes up. We cannot all spend the money to make our Nurses' Home the thing of beauty that we would like it to be, but it is amazing the changes that may be wrought with a few inexpensive yards of gay chintz, plus a can or two of paint.

Every Nurses' Home should possess a piano, and the nurses who are musically inclined encouraged to continue their studies. How often we hear the lament, "Oh, how I wish I could keep up my music, but since I came in training I haven't had a chance to practise." There is something wrong with our training schools if all the accomplishments, the hobbies which make life so much dearer to many of us, have to be completely forfeited during the three years of training.

Then nearly every school has one or two patrons who could be induced to contribute a few of the best magazines if this need was only placed before them. It is not sufficient to encourage our nurses to read the magazines that have to do with their work; it is equally important that they take an interest in the doings of the great world outside their training school. If the room can be possibly spared, it is a good plan to have a separate reading-room where silence is imposed.

It is always a wise policy to encourage the nurses to bring their friends into the home rather than to seek recreation away from it. Sometimes difficulty is experienced in trying to locate a nurse for a visitor, and often a vain search for 10 or 15 minutes only results in finding out that Miss So-and-So is on duty and cannot be seen. This difficulty can be partly overcome by placing a roster in the hall of the Nurses' Home. Each roster should consist of a board with a space allotted to each nurse, with a slip bearing her name, room number, and a peg hole, and at the lower end of the board a trough or box containing different colored pegs. There should be a printed slip explaining the peg system, say: Red, on duty; blue, off duty in the home; yellow, on vacation; white, on outside training; no peg, off duty and gone out.

If this simple device was adopted and the nurses forced to peg when passing through the hall, it would save a great deal of time and labor spent in an often futile search for a nurse, and at the same time save the visitors much inconvenience.

Schools unable to buy a tennis court or swimming tank for the use of their pupils can often secure these privileges by allying with some social club, such as the Y.W.C.A., or the C.G.I.T., one or both of which may be found in almost every small center. Most schools allow their nurses to hold frequent dances during the winter months, but many stop there. Why not encourage the nurses to form their own little clubs, to study drama, music, literature, etc.? It is amazing the amount of talent that exists among our young people, awaiting to be utilized. Encourage them to see the best plays, to take an interest in art exhibits, to attend public lectures. All of these carry not only social but educational advantages, and our nurses will be better nurses and better women in proportion as they are broad-minded.

—Read at the C.A.N.E. Convention, 1922.

The one outstanding error that has prevailed throughout the whole nursing system — and this school cannot be excepted — has been the assumption that overwork and severe discipline were necessary and even desirable concomitants of nurses in training. When it began to be understood that there was a difference between the self-imposed hardships and sacrifices of the religious orders and the preparation of modern young women for a profession, it was then impossible for economic reasons to lift the superfluous load that had broken the health of so many good women during the early days of training schools for nurses, when about only fifty per cent. of the pupils could, or would, stand the strain. The half century is closing without seeing a definite financial relief; nursing schools still remain under the shadow of an inherited system that is only beginning to be ameliorated. Saner policies claim for the workers a right to health, happiness and reasonable freedom. Nursing will always be a profession that requires voluntary self-sacrifice from those who have a "call" to this field of service. We begin to see, however, that self-abnegation must be voluntary and not imposed. To go on as in the past, almost entirely under the apprenticeship system, is impossible. The needs of the hospitals and the educational requirements of the students must be harmonized in those institutions that wish a high grade of nursing service.—"History of the Massachussetts General Hospital Training School," by Sara E. Parsons.

Hospitals and Nurses

QUEBEC

Montreal

The McGill University School for Graduate Nurses began its 1922-23 session on October 2nd, 1922. Eight regular full-time students registered in the Public Health Nursing course, and four in the course for Hospital Administration. Among the Canadian and American schools represented are the Royal Victoria and Montreal General, Calgary General, St. Vincent de Paul, Sherbrooke, St. Luke's Hospital, Ottawa General Public Hospital, St. John, Lowell, Mass., Rhode Island, and New England Hospital, Boston.

Royal Victoria Hospital, Montreal

Miss M. A. Prescott (1905), superintendent of the Ross Memorial Pavilion, has left for an extended trip to Europe. During her absence Miss Ross (1919) will be in charge.

The annual Christmas dance, which is given by Sir Vincent Meredith, Bart., for the R.V.H. nurses, was held on the evening of December 18th in the Ritz-Carlton Hotel. The ballroom was gay with Christmas greens and holly, and the guests were received by Miss Hersey and Miss Guernsey.

Miss Alice Pickard (R.V.H., 1922) has accepted a position in the Yarmouth Hospital, Yarmouth, N. S.

Miss Eleanor O'Brien (R.V.H., 1918) is taking a course in X-ray under Dr. Pirie.

Miss Emma Steeves (R.V.H., 1921) has completed a course in public health nursing, and is now engaged in the work at Hanna, Sask.

Miss Lylas Cogland (R.V.H., 1921) has charge of the operating-room at the Drumheller Hospital, Drumheller, Alberta.

Miss Annie Bulman (R.V.H., 1919) and Miss Hesse Lapham (R.V.H., 1918) have gone to England to spend the winter with relatives.

The engagement is announced of Miss Florence Lockhart (R.V.H., 1919) to Mr. Philip Robertson, of Montreal, the marriage to take place in March. Miss Lockhart, until recently, has had charge of the operating-room of the Soldiers' Memorial Hospital at Campbelton, N. B. She will be succeeded by one of her own classmates, Miss Grace Thompson (R.V.H., 1919).

Miss Mollie Black (R.V.H., 1918) is in charge of a ward in the Ottawa Isolation Hospital.

Miss Anna Dickson (R.V.H., 1915) is taking a course in the Ottawa Isolation Hospital.

At the recent bazaar held at the Ritz-Carlton Hotel in aid of the fund for the nurses' club-house, the booth presided over by the Royal Victoria nurses brought in the splendid sum of over $2,000.00.

* * * *

ONTARIO

Wellesley Hospital, Toronto

The Alumnae dance held on November 24th proved very successful. The secretary was able to forward a cheque to the Northern Fire Relief Committee.

Peterboro

The Alumnae Association of the Nicolls Hospital, Peterboro, was asked by the Memorial Committee for $216.00 as their share in the Ontario assessment. Through the efforts of the pupil nurses, with a garden party in August, the sum of $118.00 was raised, and the Alumnae held a most successful dance on November 10th, when $100.00 completed the sum required. The nurses feel indebted to the citizens of Peterboro for their whole-hearted support of this cause.

Sandwich

The Essex Tuberculosis Sanitarium at Sandwich, Ont., will be opened in February. Through the efforts of the I.O.D.E., $150,000.00 was collected, which built this ideal cottage hospital with accommodation for forty children and twenty adults. The administration building contains, as well, the quarters for nurses and household help.

Toronto Western Hospital A. A.

About 125 children were the merry guests of the Western Hospital on December 21st, when a Christmas dinner was served. Every child received a package containing "woollies' and other gifts to keep them warm during the coming winter. Santa Claus was assisted by Miss McKee, superintendent of nurses, and all declared it to be the most enjoyable entertainment the hospital had ever held.

Miss Edith McAlpine has joined the Rockefeller Institute for Research Work, and has gone to China.

Miss Milroy, who has been in the social service work for the Western Hospital for the past seven years, addressed the Alumnae Association this month on her work, which was much appreciated by the nurses. Miss Milroy has severed her connection with the hospital, to take up school nursing, and is succeeded by Miss Patterson.

Toronto General Hospital

Mrs. A. E. Bolton (T.G.H., 1891) has resigned her position as matron of the Children's Home in Hudson, N. Y., to accept the post of night supervisor at the Bronx Hospital, 169th Street, New York.

Misses Maisie Noble (1922) and Marguerite Hendrick (1922) have left to take up positions in the Union Hospital, Terre Haute, Ind., as instructress of nurses and supervisor of the surgical wards respectively.

Miss Shaffner (1922) has accepted the position of operating-room supervisor at the Hospital for Sick Children, Toronto.

Misses Irene Reid (1917), Edna McKinnon (1922) and Winnifred Allen (1922) have been appointed to the nursing staff of the diabetic clinic in the Pavilion, T.G.H.

Miss Grace Fuller is spending the winter in Florida. Mrs. Aubin is in charge of Queen's Park residence in her absence.

Miss Eleanor Hepburn (1922) has taken a position as assistant superintendent of the hospital at Elkhart, Indiana.

The patients of the Main building were entertained at a very delightful concert in the Outdoor Department, arranged by Mrs. Graham, of the Occupational Therapy Department. Tea was afterwards served to the entertainers in the nurses residence.

Dr. and Mrs. Herbert Bruce entertained the staff and students at a tea at their residence, "Annadale."

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SASKATCHEWAN

Saskatoon.

The Graduate Nurses' Association was well represented at the January meeting of the association, which was held in St. Paul s Hospital on Thursday evening, January 4th. Dr. H. Munroe's paper on "Radium' was listened to with the greatest interest, the senior nurses of the school also being in attendance for that part of the programme.

In addition to thirty dollars raised by a bridge party during the holiday season, the association voted an additional twenty dollars—this, along with a contribution of seventy dollars forwarded some time ago, bringing up the contributions from this association to the National Memorial Fund to one hundred and twenty dollars. Ten dollars was voted to the Red Cross, to assist with the splendid work being done in this province.

Miss E. M. Turner, R.N., superintendent of nurses in the Saskatoon City Hospital for the past two years, has resigned and left the city. Miss Turner has always taken a keen interest in local nursing affairs, as well as being active in nursing affairs of the province. She will be greatly missed by the nurses, as well as by the many friends she has made in the city.

Miss E. F. Macey, R.N., instructor of nurses in the City Hospital, has recently resigned, and is visiting friends in Winnipeg. It is understood that Miss Macey is to take charge of the Prince Albert Training School for Nurses. Miss Macey will be greatly missed in nursing centers in Saskatoon.

Miss S. Agnes Campbell, R.N. (Toronto General, 1912), who has been assistant superintendent of nurses, has received the appointment ot superintendent of the training school of the City Hospital.

Prince Albert

News of the resignation of Miss E. Eisele as superintendent of nurses of the Municipal Hospital, Prince Albert, has been received with great regret. Members of the local nurses' association will very much miss the guidance of their able president, and the training school has also lost a most efficient director.

Indian Head

Great regret is expressed at the resignation of Mrs. H. H. Campbell, the superintendent of the General Hospital. Mrs. Campbell leaves to take charge of a hospital in Augusta, Kansas. Miss Douglas, one of the graduates of the Indian Head Training School, has been appointed to succeed Mrs. Campbell.

* * * *

ALBERTA

Calgary.

A very enjoyable chicken dinner and dance was held on December 13th, when the committee, with Miss Cooper as convenor, won much praise. Over 150 guests were present. The usual business meeting was held on December 14th, with Mrs. A. H. Calder, vice-president, in the chair. Some amendments to the constitution, which have been under consideration, were adopted. The programme for the year was considered, which promises to be very interesting.

The January meeting was held on January 11th, Mrs. R. P. Stuart Brown, president, in the chair. It was decided that a dance be arranged for, to be held in February, Miss Cooper to be the convenor. The principal business of the meeting was the discussion of the proposal of the Local Council of Women to organize an order of "Housekeeping Nurses," who would be given a five months' course in an agricultural college, consisting of domestic science and home nursing. The concensus of opinion by the association was that patients in the country needed the services of the most highly skilled nurses as well as those living in the city, if not more, owing to the distance from the home of the medical men in the vicinity. It was decided to point out to the L.C.W. that the Provincial Public Health Department places a nurse in districts unable to support one, and the V.O.N. will send one if a board is properly organized and the demand for a nurse made, with a minimum salary of $125.00 guaranteed. Realizing the inability of many people to pay the fees of a graduate nurse, the hope was expressed that the day is not far distant when some community nursing scheme will be developed that all may be given skilled nursing service when needed. A resolution was sent in to the Local Council of Women asking that all matters pertaining to the nursing profession be first endorsed by the G. N. A., which is affiliated with the L. C. W., before being presented to the general meeting of the Local Council of Women.

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BRITISH COLUMBIA

Victoria

The efforts of the Graduate Nurses' Association of Victoria and the Alumnae of the Royal Jubilee Hospital, with their friends, have been successful in raising the quota assigned them of $500.00 for the Nurses' Memorial Fund.

Vancouver

The annual meeting of the G. N. A. of Vancouver was held on January 3rd, 1923, with good attendance. The election of officers was held and reports received from various committees. Miss Haskins, the retiring president, who

has held that office for four years, sent a letter of resignation, which was regretfully received. Miss Haskins is taking a course in public health nursing at the University of Washington. Miss A. McLellan was elected president, and Miss E. V. Cameron re-elected secretary.

The January general meeting of the G. N. A. of B. C. was held in Victoria on January 13th at the Royal Jubilee Hospital, following special meetings of the Council, the Nursing Education Committee, Private Duty Nursing and Public Health Nursing committees. The good attendance was encouraging. Reports of the committees (standing) were given at the general meeting, and a full and most interesting report of the Memorial Fund Committee was given by Miss Breeze, the convenor. A most important announcement was made that the University of British Columbia had acceded to the request from the G. N. A. of B. C., and, if sufficient students apply, will give a course for instructors, lasting six weeks, and a short intensive course for hospital administrators, lasting two weeks. These may also be taken as a combined course. This will be in progress at the same time as the summer school at the university. It was felt that this was the most important step the association had taken since the passing of the Registration Act and the inspection of training schools. The association expressed its gratitude to the university and to Miss Johns, who presented the request to the authorities at the university.

After the business of the meeting was concluded, the members listened to a most interesting address by Dr. Ernest Hall on Dr. Abram's "System of Diagnosis and Treatment." Refreshments were served by the Victoria Graduate Nurses' Association. Members from the mainland, the officers of the Victoria G. N. A., and the officers of the Jubilee Hospital Alumnae Association, as well as the staff of the hospital, were entertained at dinner at the Royal Jubilee Hospital.

Miss May McArthur, R.N., who has held the position of assistant to the director of nursing at the Vancouver General Hospital, has resigned to accept a similar position at the County Hospital, St. Paul, Minn.

New Westminster

Misses E. Taylor and E. Swanson (Royal Columbian Hospital, New Westminster) are taking post-graduate courses at the Cleveland Maternity Hospital.

Miss Marion Frame (Galt Hospital, Lethbridge) has taken a position at the Tranquille Sanitarium.

BIRTHS

Beaton—At Oshawa, Ont., on December 19th, 1922, to Mr. and Mrs. Beaton (Madeline Rogerson, Wellesley Hospital, Toronto, Ont., 1918), a daughter.

Burgess—At the Montreal Maternity Hospital, on January 3rd, 1923, to Dr. and Mrs. H. C. Burgess (Alice M. Eakin, Royal Victoria Hospital, Montreal, 1909), a son.

Campbell—At the Montreal Maternity Hospital, on January 1st, 1923, to Dr. and Mrs. Grant Campbell (Sophie Field, Royal Victoria Hospital, Montreal, 1910), a daughter.

Carr—At Hamilton, Ont., in December, 1922, to Dr. and Mrs. Leeming Carr (Betty McBeth, Toronto General Hospital, 1918), a daughter.

Donald—At the City Hospital, Saskatoon, Sask., on December 12th, 1922, to Mr. and Mrs. George M. Donald (Birdie Studdert, St. Mary's Hospital, Islington, London, England, 1909), a daughter.

Glass—At Kerrobert, on January 2nd, 1923, to Mr. and Mrs. Perry Glass (Elsa M. Stewart, Saskatoon City Hospital, 1917), a son.

Golden—At Wellesley Hospital, Toronto, Ont., on December 2nd, 1922, to Mr. and Mrs. A. Daunt Golden, a daughter.

McNair—At Peterboro, Ont., on November 24th, to Dr. and Mrs. McNair (Anna Stedham, Wellesley Hospital, Toronto, 1915), a daughter.

Miller—At Toronto, Ont., on October 12th, 1922, to Rev. J. A. and Mrs. Miller (Miss Jackson, Toronto Western Hospital, 1908), twin daughters.

Molyneux—In November, 1922, at Toronto, Ont., to Mr. and Mrs. Molyneux (Nursing Sister Gertrude Wright, Toronto Western Hospital, 1916), a son.

Simpson—At Collingwood, Ont., in December, 1922, to Dr. and Mrs. Thomas Simpson (Betty Peel, Toronto General Hospital, 1922), a son.

Smith—At Melford, Sask., on December 13th, 1922, to Mr. and Mrs. L. T. R. Smith (Eva M. Earl, R.N., Weyburn Municipal Hospital, 1918), a son (Lawrence Earl).

Withers—To Dr. and Mrs. H. F. Withers, Glenville, West Virginia (Janet Duff, General and Marine Hospital, St. Catharines, Ont., 1919), on November 17th, 1922, a daughter.

MARRIAGES

Bain-Wilcox—At Salmon Arm, B. C., on September 26th, 1922, Ida May Wilcox (Queen Victoria Hospital, Revelstoke, B. C.) to William A. Bain, of Grand Forks, B. C.

Bishop-Whiteford—At Summerland, B. C., on December 27th, 1922, Ethel May Whiteford (Royal Columbian Hospital, New Westminster, B. C.) to Mr. Alfred Bishop, of Vancouver. They will reside at 216 Thirteenth Avenue, West, Vancouver, B. C.

Carleton-Beatty—On September 27th, 1922, at North Bay, Ont., Elsie Beatty (Queen Victoria Memorial Hospital, 1922) to Mr. Rupert Carleton, both of North Bay, Ont.

Crewe-Edwards—On November 1st, 1922, at the Church of St. James the Apostle, Montreal, Que., by the Rev. Canon Shatford, Lillian Marguerite Edwards (Women s Hospital, Montreal, 1919) to Arthur Crewe, of Blackford, England.

Curtin-Thompson—At Vancouver, B. C., on December 26th, 1922, at Holy Rosary Rectory, Gladys Thompson (St. Paul's Hospital, Vancouver, B. C.), daughter of Dr. F. H. Thompson, of Hereford, England, to T. V. Curtin, M.D., of Vancouver, B. C.

Daniels-Greenway—On December 21st, 1922, Ila Greenway (Saskatoon City Hospital, 1917) to Mr. Arthur I. Daniels. Mr. and Mrs. Daniels will reside in Gadsten, Arizona.

Ellison-Harris—At Yuma, Arizona, on Sunday, December 31st, 1922, Dorothy Annie Harris (Saskatoon City Hospital, 1918) to Mr. William Luke Ellison.

Swan-Manchester—At the Dominion Methodist Church, Ottawa, Ont., on December 30th, 1922, Susan Aleda Manchester (Toronto General Hospital, 1920) to John E. Swan, of Toronto. At home, Pasadena, California.

DEATHS

Crewe—At the Montreal General Hospital, after a short illness, Arthur Crewe, of Blackford, England. Funeral services held December 11th, 1922. Interment at Blackford, England. Mrs. Crewe is Miss Lillian Edwards (Women's Hospital, Montreal, 1919).

Johnson—At the Royal Columbian Hospital, New Westminster, B. C., on January 12th, 1923, after a severe illness of nine months, Ethel Johnson (St. Boniface Hospital, St. Boniface, Man., 1918). Miss Johnson held positions on the staff of the Royal Columbian Hospital as surgical supervisor, night supervisor, and instructress of nurses.

Picken—In Vancouver, B. C., at 3570 Thirtieth Avenue, West, after a lingering illness, on January 13th, 1923, Elizabeth Picken (Winnipeg General Hospital), a native of Shropshire, England, and a resident of Vancouver for about twenty years.

Labor is rest from the sorrows that greet us; from all the petty vexations that meet us; from the sin-promptings that assail us; from the world sirens that lure us to ill.—F. S. ASGOOD.

He that is good may hope to become better; he that is bad may fear that he will become worse; for vice, virtue and time never stand still.—COLTON.

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Regular meeting first Monday at 8 p.m.

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Regular Monthly Meeting, third Wednesday at 8 p.m.

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Regular Meeting, First Tuesday, 8 p.m.

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Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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Regular Meeting—First Tuesday, 4 p.m.

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"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Canadian Nurse Representative—Miss N. Casey, Chatham, Ontario.

Regular Meeting—First Monday, 3 p.m.

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Regular Meeting—Fourth Friday of each alternate month, at 8 p.m.

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Councillors: British Columbia—Miss J. F. MacKenzie, Royal Jubilee Hospital, Victoria, B. C.; Miss H. Randal, 125 Vancouver Building, Vancouver, B.C. Alberta— Miss E. McPhedran, Central Alberta Sanatorium, Calgary, Alberta; Miss L. M. Edy, Calgary General Hospital. Saskatchewan—Miss R. Simpson, Department of Education, Regina; Sister Raphael, Moose Jaw, (Providence Hospital). Manitoba—Miss S. Persis Johnson, General Hospital, Brandon, Man.; Miss Isabel Jeffares, Ste. 11, A., Justin Apts., Winnipeg, Man. Ontario—Miss G. Fairley, General Hospital, Hamilton, Ont.; Miss E. MacP. Dickson, Toronto Free Hospital, Weston, Ont. Quebec—Miss S. E. Young, Montreal General Hospital, Montreal, P.Q.; Miss M. Hersey, Royal Victoria Hospital, Montreal, P.Q. New Brunswick—Miss M. Murdoch, G. H. H., St. John, N.B.; Miss A. J. MacMasters, Moncton, N.B. Nova Scotia—Miss C. M. Graham, 1 Duncan Street, Halifax, N.S.; Miss Winnifred Reed, 396 Tower Road, Halifax, N.S. Prince Edward Island—Miss Annie Ross, Prince County Hospital, Summerside, P.E.I.; Miss Bessie B. Beer, P.E.I. Hospital, Charlottetown, P.E.I.

Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

REPORT OF THE MEETING HELD JANUARY 11, 1923

The following is the National Treasurer's report for January 1st, 1923:

British Columbia	$ 3,563.95
Alberta	1,731.65
Saskatchewan	2,148.90
Manitoba	1,120.97
Ontario	9,822.25
Quebec	7,283.63
New Brunswick	960.65
Nova Scotia	618.35
Carried forward	$27,250.35

Brought forward	$27,250.35
Prince Edward Island	260.15
United States	15.00
	$27,525.50
Interest	161.66
	$27,686.16
Expenditure	121.70
Balance in Bank at January 4th, 1923	$27,565.46

General Correspondence

Miss V. M. Macdonald has resigned from the committee owing to the fact that she has taken up new work at a distance and will be unable to attend the meetings.

Provincial Correspondence

All of this correspondence circled around the question of the method of selecting the design for the memorial, so that it is probably advisable now to explain this controversy from the beginning.

At Edmonton, June, 1922, the following resolution was passed:

> ". . . . all designs received, therefore, shall be submitted to the Provincial Committee, and the selection of the design shall be governed by the reports from such committees; the final work leading to the completion of the memorial to be left in the hands of the National Committee, in consultation with the Executive Committee."

In October, the National Committee learned from the Business Committee that the customary method of conducting a competition for designs is to appoint a board of assessors and leave the final selection to them. We were informed that sculptors of recognized talent would not enter designs unless they had a guarantee that those designs would be judged by a committee of their professional peers.

At the November meeting the National Committee considered their obligation to obtain a worthy memorial, and at the same time the obligation laid upon them to confer with the provincial committees.

The following is an extract from the minutes of November 10th:

> "A copy was read of the contract drawn up by the Business Committee. This contract outlined the conditions under which the competitors would work in submitting designs for the memorial. It was moved by Miss Stewart, and seconded by Miss Hartley, that we accept the conditions of the proposed contract. Carried. The members of the Business Committee have pointed out that an Assessors' Committee expects its decision in such a professional competition to be final, and that the published names of the Assessors'

Committee and the recognized custom of accepting their decision as final is the guarantee which will persuade sculptors of the highest ability to enter designs for such a piece of work. Our necessity of submitting the designs to the nine provinces has been explained to the Business Committee. They consider it a decidedly unusual procedure; but have arranged a contract which they hope will persuade the right type of sculptor to compete, in spite of the fact that the final decision will be taken out of the hands of a professional committee and left to a widely-scattered group.

"A discussion followed about the difficulty of submitting designs to the Provincial Nurses' Associations. The Business Committee has made very plain the difficulty of asking professional men to compete under such circumstances. Finally, it was moved by Miss Brown, and seconded by Miss Hartley, that we write each province, explaining the usual method of such competition, which method gives the Assessors' Committee full power of selection; explaining, further, our difficulties in having to submit designs to the nine provinces, and suggesting to the provinces that they each send one representative to a special meeting of the National Memorial Committee when the designs are ready for inspection; that these representatives be given power to decide, each for her own province, if the provinces are willing, and, if not, that each representative will have the benefit of the discussion with the other representatives, and that she take copies of the designs back to her province for inspection; and that the National Memorial Committee will pay the expenses for this meeting. The motion was passed unanimously."

The above resolution suggesting a meeting of provincial representatives was sent to the Provincial Committee in November. The following are the replies from the provinces:

A telegram came first from British Columbia, suggesting that all the provinces be asked to waive the right of provincial selection for the design, and expressing disapproval of the meeting suggested in the motion passed at the November meeting of the National Committee. The suggestion from British Columbia was sent immediately to each of the other provinces. In reply, six out of the other eight provinces agreed with British Columbia that they should waive the right of provincial selection.

It was then passed unanimously by the National Committee at this January meeting that the suggestion of the Provincial Committee of British Columbia be accepted. This was sent to the executive of the C.N.A.T.N., and was ratified by them at their meeting held Friday, January 19th.

It is therefore understood that the National Committee will now drop the question of a general meeting of provincial representatives, but will send photographs of submitted designs to the provincial committees.

PLACING OF MEMORIAL

Miss Gunn gave a report from Mr. Cleveland, stating that he was still unable to get a decision from the Federal Government as to the placing of the memorial. Mr. Cleveland reported that, until that point was settled, it was impossible to make any further plans or decision about the amount to be expended upon the memorial. We all realize that it is the general wish of the association to reduce the objective first named.

E. K. RUSSELL, Secretary.

Miss Jean Wilson appointed Executive Secretary of the C.N.A.T.N.

At a meeting of the executive of the C.N.A.T.N., held in Toronto, January 19th, Miss Jean S. Wilson, of Ottawa, was appointed executive secretary of the C.N.A.T.N. Miss Wilson was educated in Ottawa, and graduated from the Lady Stanley Institute of that city. For a number of years she was superintendent of the Moose Jaw General Hospital. Last year Miss Wilson took the course in administration in the School of Nursing of McGill University, on a scholarship given by the C.N.A.T.N.

Soon after the passing of the Saskatchewan Registered Nurses' Act, in 1917, Miss Wilson assumed the duties of secretary and registrar for the S.R.N.A. Although this work was entirely voluntary at the time, Miss Wilson had the arduous task of registering some 300 nurses, as well as carrying on the secretarial work connected with the office. For the last year and a-half Miss Wilson has been treasurer of the C.N.A.T.N. Her intimate knowledge of the business of the C.N.A.T.N. will be a decided asset to her in her work.

Room 609, Boyd Building, Winnipeg, has been secured as an office for the C.N.A.T.N. Miss Wilson will enter on her new work on February 1st, and will take over the work of the two offices of secretary and treasurer. A bureau of information will be conducted regarding all matters relating to the nursing profession in Canada. It is to be hoped that nurses will make the fullest possible use of this office, and that outside organizations requiring the services of nurses with special qualifications will apply to this office for applicants.

JEAN BROWNE, R.N.,
President C.N.A.T.N.

If you have gracious words to say,
Oh, give them to our hearts to-day;
But if your words will cause us sorrow,
Pray keep them to the last to-morrow.

A Home-Made Demonstration Doll

By Edna Guillod, R.N. (Vancouver General Hospital),
Superintendent Maple Creek General Hospital,
Maple Creek, Sask.

(Editor's Note:—In so many small hospitals the cost of the "Chase Doll" has been rather a stumbling block. Miss Guillod (V.G.H.), superintendent of the Maple Creek General Hospital, Saskatchewan, wrote, telling of her efforts to make a practical doll, and I asked her to let the magazine readers have the benefit of her experience.)

Head—Wire mask, lined with Venetian cloth. Form for head made out of factory cotton, stuffed with cotton batting. Stiff paper crumpled in centre. Cover head with Venetian cloth, folding over edges of wire mask. Draw firmly across forehead, then below chin, leaving gussets at sides. Fasten down with rubber cement.

Ears—Prominences filled with cotton. Stitches under chin, and pleat at back of neck.

Body—Cotton combination stitched across at elbows and knees. Two wire frames (heavy clothes-line wire used), one for chest and one for abdominal region—the latter a little smaller in size. Narrow board, for backbone, extending through neck region. Head turns slightly on this when moved. These frames are all sewn securely to inside of combination.

Apparatus for Treatment—Oval metal piece, about 2½ in. by 4 in., with three orifices, ⅜ in., ⅞ in. and ⅝ in., respectively, with perforations near edge to sew metal piece firmly to cloth beneath. Metal tubing, extending 2 in. from orifice, to attach rubber tubing to. (I drew a diagram and had it made at a vulcanizing shop.)

Hot-water bottle with metal tubing soldered into neck. Rubber cloth, vulcanized on sides of bottle to hold it to wire frame—one circular piece of heavy wire.

Rubber tubing ⅝ in., attached to metal tubing of bottle. Round 8-oz. bottle, with rubber tubing ⅜ in. attached; rubber funnel tied securely round neck of bottle with heavy string. Tubing for this attachment about 3 in. long. To metal tubing ⅞ in. diameter attach piece of rubber hose with wooden plug driven securely into upper end. Glass bottle tied to rubber hose in such a position that it will hold 4-oz. solution to siphon back in giving bladder irrigation.

Upper end of hot-water bottle is attached to interior of neck, and frame of bottle packed round with paper and held in place by attaching to frame of chest. Cardboard used for wall of chest over hot-water bottle. Rubber tubing attachments—⅝ in. is long enough—to be brought

up in front of rubber hose. Reasonable amount of solution is retained in giving treatment if doll is not raised on pillows at head.

Trunks of combinations are then stuffed with cotton batting till required shape is made; then one or two layers of cotton batting rolled round over combinations to give more contour, and Venetian cloth sewn on. Oval pieces of Venetian cloth (with orifices cut in it) a little longer than metal piece cemented on makes a neat join. All seams, after being sewn, have strips of Venetian cloth covering them—strips fastened with rubber tire cement to make doll water-tight.

Lower Limbs—Old stocking stitched round and cut out for toes. Stuff with cotton batting. Venetian cloth cut in shape to cover. Stuff toes after putting rubber cement inside. For sole of foot, stiff cardboard covered with cotton batting. Foot stuffed with cotton batting. Champagne bottle straw covers, stuffed firmly with crumpled paper and wrapped round with cotton batting, make a foundation for the legs. These may be made a little smaller for lower leg and a larger size used for the thigh region, with a good deal more wrapping to get required size. If the straws are long enough a flat surface or bending joint is obtained, so that the doll can be placed in any of the gynecological positions necessary in demonstrating. Sew across top of thigh. The Venetian cloth is sewn on each side of the leg and gussets left at sides of knees and heels.

Arms—Rolls of cotton batting stuffed in sleeves, which are then sewn across shoulders. Rubber gloves, stuffed firmly with cotton and cemented at wrists to Venetian cloth covering arms. Sew on in same way as for legs.

Hair—A transformation from Simpson's doubled and sewn down centre. Extends from forehead to back of neck. Can be braided on each side of head.

Seek every opportunity of getting in touch with those who know something that you don't.—Rt. Hon. J. R. Clynes.

In the long run, patience, persistence, determination, and fixity of purpose are of more value than mere cleverness.—Dr. T. J. Macnamara.

Argue as we may, the fact remains that a nation is born, bred, and trained into greatness or littleness by its women.—Miss Marie Corelli.

After much pondering, both of life and books, I think that sixty is not a period of decay, but a period when a man is at his soundest and ripest.—Sir W. Robertson Nicoll.

A Memorable Sunday Afternoon

By Beatrice Kent

"Whoso shall offend one of these little ones . . . . it were better for him that a millstone were hanged about his neck and that he were drowned in the depth of the sea."

The cheerful fireside was more alluring than the street on that particular Sunday afternoon. The weather was depressing—a cold wind was blowing, a drizzling rain was falling, and there was a menace of snow in the air. Nevertheless, the spirit of adventure was upon me; so, without stopping to contemplate the weather outside, or to glance at the tempting fire inside, I went out and boarded a 'bus going in a northerly direction. I easily found the address I sought. Two or three children, shivering with cold, stood in the sheltered doorway, waiting for the door to open which would admit them into the "school." To while away the time, I examined the pictures displayed very conspicuously in the window —pictures of an inflammatory nature, inciting to sedition and the bitterest class hatred. Presently the door was cautiously opened, and I followed the children along a narrow passage to a room at the end of it. A young woman with an unamiable expression of countenance was preparing for a class.

"May I come in?" I said cheerfully.

"Ye-es," she replied, eyeing me suspiciously, "you may sit at the bottom of the room."

Congratulating myself that I had succeeded in gaining an entrance into what I had been informed was "one of the worst" of the Communist Sunday schools, I gladly took a seat on the appointed spot. Three other women sat near me; one of them tried unsuccessfully to draw from me my purpose in coming. I was at once attracted by two enlarged portraits of men, perhaps more talked about and more hated than any other two men in the present day—the famous, or rather *in*famous Lenine, and Karl Marx, his inspirer and evil genius; these were hung on the wall low enough for the children to observe them well. The lesson began with the singing of a "hymn" from the Red Sunday School hymn book, which contains no word of Christian teaching and principles; they are hymns of hate, bitter and intense, with appeals to sedition and revolution. Here is a specimen:

"We the rebel children sing,
Perish every Court and King;
We've a world to save and win
For the Revolution.
Come, workers, sing a rebel song,
A song of love and hate;
Of love unto the lowly
And of hatred to the great."

The lesson was drawn from the "ten proletarian maxims." Every child is called a "comrade"; and each one was called upon, separately, to repeat some of them after the teacher, and this is what I heard:

(1) "Thou shalt not be a patriot, for a patriot is an international blackleg." (2) "Thou shalt teach revolution, for revolution means the abolition of the present political state, the end of capitalism." (3) "Thou shalt demand, on behalf of your class, the complete surrender of the capitalist class." (Note the grammatical error!) (4) "Thou shalt wage the class war."

Then came a blasphemous allusion. Every child was rewarded with a sweet, which the teacher herself put into the expectant mouth. Other revolutionary "hymns" followed.

Burning with indignation, I listened with as much patience as I could command to this infamous corruption of the young. The lesson was over; my turn had come; I could keep silence no longer.

"I thought you said this was a Sunday School," I remarked.

"It is a Sunday School."

"Then why don't you teach the children about God?"

"We don't teach them about God; we teach them Communism."

"You are teaching them to hate their fellow creatures. What a dreadful thing to do!"

The woman, making no reply, disappeared into an inner room. This was my opportunity.

"Children," I said, "there *is* a God in Heaven, and there *is* a Saviour who loves little children; and when He lived on earth He called them to Him, and took them up in His arms and blessed them, because He loved them so, and He was displeased with those who tried to keep them from Him. You will never be happy if you don't try to love and serve God."

The woman returned, reinforced by a man, and the two walked down the room, stood in front of me and stared, but said nothing. I pointed to the pictures of the two men (living and dead) who had caused such infinite harm in the world.

"Why don't you hang a picture of the Saviour on the wall, Who loved little children, instead of that cruel monster Lenine and that atheist Karl Marx?" And a few more things I said, to relieve my feelings, to these obedient disciples of Lenine. No reply. "You are not teaching these children; you are corrupting them," I said, as I left the room.

Twenty years ago the movement for corrupting the young was first started in Scotland; three years later it spread to England. There are now at least two hundred of these "schools" in the Kingdom, about forty in London alone; and hapless children are taught the most hideous blasphemy, to deride and mock at kingship, sedition, treachery, and robbery. By this means many thousands of children are being deliberately prepared to overthrow our beloved country and bring—with a revolution

—all the anarchy, misery and ruin that has befallen Russia. The menace is so great that it is clearly the duty of every man and woman to do all they can for our country's sake, as well as for the sake of posterity, to destroy this poison that is sapping its very life. District nurses, and any other group of social service nurses, may have more in their power than they suppose to do good in this matter. Let them remember that apathy and indifference to evil is *passive participation in it.* Trained nurses are a loyal body of women. We love our country; and we love and respect our good King George, God bless him.

My heart was heavy when I returned to my house on that memorable Sunday afternoon.—*The British Journal of Nursing.*

A Clever Improvisation

By Helen Hankins, R.N.,
St. Joseph, Missouri

It was a breech delivery, and, in spite of hard pains and very splendid effort on the part of the mother, the breech would not come down. The mother's age contributed to the rigidity of too small maternal parts. When the baby's left leg was finally brought down it was discovered that the right leg was extending upward across the chest, with the foot about the neck. This was brought down with considerable difficulty and the child delivered.

The right femur had sustained a fracture, about midway, and it was the proper care of this which presented a real problem to the doctor and nurse. The physician wished to place the leg in Buck's extension. How to do this, to keep the parts in position, to avoid unnecessary motion, and yet not hinder the child's normal development, was the question.

An ordinary tea table on wheels was utilized for a bed. A frame was built about the top of the table on uprights about eight inches high. Strips of wood, two by two, were used. On the foot of this frame, a little to the right of the centre, was placed an inch-and-a-half pulley. Adhesive was placed about the leg in much the same manner as if the patient had been an adult, the cord was passed over the pulley and weights attached to give traction.

For decorative purposes, the frame was covered with blue mull and dotted swiss. The great advantage of the tea cart came in transporting the baby from the nursery to the mother's room. At nursing time, the mother moved to the edge of the bed, the cart was brought close alongside, and the baby was able to nurse without being moved or disturbing the dressings in the least.

Some weeks after dismissal, an X-ray showed perfect alignment and the results obtained have proven entirely satisfactory.

—*American Journal of Nursing.*

A Plea for Common Sense in the Administration of Liquid, Light and Soft Diets

By Ruth Okey, Ph.D.
Assistant Professor of Household Science, U. of C.

In no type of diet does the responsibility rest so often and so largely with the nurse as in the above, and on her intelligence in the administration of such diet depends more lengthened or shortened convalescences; more questions of complications avoided or otherwise; more cases where the tide is "just turned" in favor of a recovery—or the opposite—than we often stop to realize. Too frequently, in the large hospital, the busy dietitian leaves the "liquids" and "softs" to the cook to adapt from her other menus. They are sent up to the wards to be served with no more than passing supervision; and, unless the nurse in charge is able to step in with intelligent understanding of the needs of her cases, the result is likely to be that the patient eats what he should not have, or fails to eat at all because of the unappetizing type of food or service. The writer has observed personally, in several hospitals where the training of the dietitian was unimpeachable, the serving of reasonably well-balanced and well-prepared liquid diets in such a way as to make consumption of food almost an impossibility.

In one case, a tray containing eggnog, custard, cream soup, milk, cocoa, fruit gelatin and orange juice was served in a private ward to a patient on the verge of a general septicemia and with a temperature range of 101-103° F., *three times each day for ten days in succession.* This diet was adequate, fairly well prepared, and made up of foods which were, in all probability, as nearly suited to the needs of this particular patient as was possible; but it failed to serve its purpose because of unattractiveness, monotony, and, perhaps as much as anything else, by the offering of so much food at one time to a patient whose illness was of a nature which destroyed appetite. As a result, we had the history of a spreading infection, repeated trips to the operating-room, and a much delayed convalescence which the surgeon in charge was unable to understand. Who can say how much trouble might have been avoided by the nurse, had she been able to serve only one or two things at a time? To serve, as would have been preferable in a fever case, every two or three hours, and to introduce variety into the diet by variations in service, and in methods of preparing the foods which were permissible!

An even more serious failing of liquid and soft diet comes from the practice of assigning one diet to every patient in the hospital whose condition places this restriction on his food, whether his case be a post-operative laparatomy, where inducing increased intestinal peristalsis is above all things to be avoided, or an infection, where constipation is the worst possible complication and we have to fight to counteract the effect of morphine besides. If we could divide our liquid and soft diets into

even two classes, with respect to their effect on constipation, how much we could gain in comfort for our patients, and how much unnecessary use of laxative and purgative drugs we could avoid! But how much more we could gain by feeding to meet the needs of the individual case!

Let us analyze the needs of some of the types of cases to whom liquid, soft and light diets are fed. Pre- and post-operative cases would probably be given first, but let us avoid listing them together.

Before the administration of ether, we feed with the object of leaving as little undigested residue in the alimentary tract as possible. Ether induces more or less acidosis, and, while there is some difference of opinion as to the extent to which this may be controlled by feeding, many physicians prefer to give a high carbohydrate diet—with sugar as well as starch in considerable quantity—for a day or two before the operation, with the idea that a plentiful store of glycogen will aid in the destruction of acetone bodies. An alkaline ash diet, including fruits, vegetables and milk, and excluding meats and meat broths, and any great amount of cereals or eggs, is sometimes helpful. Where the operation is to be abdominal, the feeding of boiled milk, custards, and other very completely absorbed foods, almost exclusively for the last day or two before the operation is, possibly—at least sometimes—justifiable on the same basis as the giving of the last enema a sufficiently long time before operation for the stimulating effect on intestinal peristalsis to have passed before the administration of the anaesthetic. Substitution of buttermilk, or, better, the use of milk soured by the addition of B. acidophilus cultures, and the addition of lactose or dextrinized starch to the diet has been shown not only to prevent constipation, but at the same time to aid in the avoidance of an intestinal flora of a predominently putrefactive or gas-forming type.

In operations which do not involve opening the abdominal cavity, on the other hand, it is often desirable to interfere as little as possible with the normal dietary regimen up to the last thirty-six hours before operation, except for the measures to prevent constipation and acidosis already mentioned. Feedings on the last day before operation should be limited in quantity, and perhaps preference should be given to buttermilk and citrus fruit juice rather than boiled milk. The practice of relying entirely on enemas for the emptying of the alimentary canal is an especially good one for this type of case, for it must be remembered that the chief dietetic difficulty to be met after operation will, in all probability, be constipation, due to the after effect of morphine injections, to unaccustomed inactivity, and to the rather complete preliminary emptying of the alimentary tract. Of course, food should be withheld for the last twelve hours or so before ether anaesthesia.

In feeding immediately following operation, we have again a tremendous need for consideration of the individual case, rather than a hit-or-miss assignment to "liquid," "light" or "soft" diet, based solely on time after operation, and temperature, or lack of it. Many a patient,

after some intensely painful procedure such as the reduction of a fracture, a mastoid, etc., has had to fight to throw off the effects of his morphine injections, unnecessarily handicapped by the fact that he has been given the classical constipating liquid diet with its boiled milk basis. We often fail to appreciate that many of these cases can tolerate fruit juice within eight to ten hours after the operation, and that this may serve the double purpose of combating acidosis and at the same time preventing constipation. (We must remember that the ash of a food after it has been burned in the body, and not its reaction at the time we eat it, determines its properties with regard to the production or prevention of acidosis. Thus, we have as potentially acid-forming substances, meat, meat broths, eggs and cereals; while most of the fruits, and especially the citrus fruits, and the vegetables give, within the body, an ash which is alkaline. Milk has an almost neutral ash.)

It is important that the factor of bulk should not be neglected in the diet for cases of this sort; hence the period on liquid should be as short as possible. On the other hand, there is no excuse for feeding foods, or combinations of foods, which are in themselves likely to produce trouble; and again there is great need for a common-sense, conservative selection of such a diet.

Less needs to be said concerning the post-operative feeding of abdominal cases, not because proper feeding is less important, but because the necessity for careful attention to the diet is more clearly recognized, and hence the diet is usually more carefully planned with the needs of the particular case in view. Often, for several days, we must give only foods which are very completely absorbed in the upper part of the intestine, even pre-digested foods such as peptonized milk, etc. After that, the study of how best to make the adjustment back to normal and adequate diet—with as little reliance on drugs as possible—is one that must occupy the most careful attention of the intelligent nurse. But, even in the post-operative feeding of laparatomy cases, it is surprising how soon and how well fairly large quantities of orange juice can be tolerated. The present tendency is to give solid food much earlier than we used to think possible. Meat broth, beef tea, etc., are to be avoided, both because they have no food value in themselves and because they serve only to furnish additional work for the kidney and offer a favorable media for the establishment of a predominantly putrefactive intestinal flora.

Many of the same factors are to be considered in the selection of liquid, light and soft diets where the restrictions are placed on the foods to be taken because of elevation in body temperature. In feeding fever cases, however, we must remember that the need for food is increased because of the extra energy used up in maintaining the increased temperature, and that there is likely to be an increased destruction of body tissue—hence an increased need for protein. This last seems, however, to be best taken care of by a diet that is high in energy content and moderately high in protein.

The basic principle upon which a diet for any case in which there is prolonged fever must, therefore, be "that any infection is better fought by a body that is well nourished than by one that is half starved."

Carbohydrate is especially important, both because of its power to furnish energy and also because of its ability to combat acidosis through the aid it gives in burning fat. It may be given in considerable quantities, depending on the power of the patient to utilize it. Of the protein-rich foods, milk and eggs are to be preferred to meat, because of the extra burden the latter places on elimination.

In feeding typhoid fever, we feed with the idea, not only of furnishing energy and material for tissue repair, but also of establishing an intestinal flora which is antagonistic to B. typhosus. To this end are given B. acidophilus milk, lactose and dextrinized starch.

Feeding at comparatively frequent intervals, even as often as once every two or three hours, is justified in many conditions involving prolonged high temperature. It is often far better to feed only one or two things at a time than to offer a large quantity of food at once.

Much might be said concerning other types of cases to which we feed restricted diets, but this seems sufficient to make clear the desirability of feeding with the needs of the individual patients in view. If we remember that the difference between the material actually used in maintaining the body activities and in combating an illness and that which is able to be supplied in utilizable form by the diet has to be made up by destruction of body tissue, we can readily see that the question of the best possible diet in any prolonged illness is of vital importance. Again, if we stop to think what the sum of the days, weeks and months lost annually from productive activity through lack of proper feeding of the convalescent would amount to, we realize that the economic side of the problem is one of large moment. We believe, at the present time, in preventive medicine—in the importance of correcting small defects before they become life and death matters. Let us apply the same common-sense attitude to our invalid feeding.

Note on Public Health Nutrition at the University of California

The semester just concluded has seen the first course in nutrition offered at the University of California, primarily for graduate nurses enrolled in the public health curriculum. The public health nurse, above all other persons, must have a keen appreciation of—and be able to give advice on—the problems which confront the mother in feeding her family; in dealing with the underweight and the overweight child; the infinite number of problems involved in infant feeding; the home care of the tubercular, the nephritic and the diabetic, when hospitalization is impossible or undesirable; she must be able to meet and deal intelligently with the food prejudices of the foreign-born, the ignorant and the super-

stitious, and with the children of members of religious cults which place restrictions on the diet. She must be able intelligently to choose an adequate diet where transportation or economic conditions place tremendous limitations on the types of foods available. In short, she must be able to be the interpreter who can bring all the advantages of the results of modern scientific study of nutrition into the house and school life of country and city.

It was with the idea that these almost infinite demands on the nurse could only be met by the individual with a thorough knowledge of fundamental principles of foods; of their composition, digestion, preparation; value in terms of energy production, of tissue-building power, of minerals, of vitamins, of the needs of the human body and their modification by various occupations, illnesses, etc.; and, finally, of the combining of foods, dietaries to meet these needs, that this course was designed.

Hampered as we have been this year by lack of time, money, laboratory space, etc., we realize keenly that we have fallen far short of our ideal for this course. Nevertheless, we believe that we have made a step in the right direction. We have appreciated the hearty interest and co-operation of our students, and we are proud of the twenty-eight nurses whom we are sending out this semester. We believe that, with the appreciation and co-operation of the registered nurses of California, we can build up a public health nurses' nutrition course of which we can be still more proud in the future.—*The Pacific Coast Journal of Nursing.*

Then hide it not, the music of thy soul—
Dear sympathy expressed with kindly voice;
But let it like a shining river roll
To deserts dry—to hearts that would rejoice.
Oh, let the symphony of kindly words
Sound for the poor, the friendless, and the weak;
And He will bless you—He who struck the chords
Will strike another when in turn you seek.

The motto of life should be: Work hard and play hard, and never do things by halves.—Lord Dawson.

It is good discretion not to make too much of any man at the first, because one cannot hold out that proportion.—Bacon.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

V. A. D. work in France was inaugurated by the organization at Boulogne on October 14th, 1914, immediately after the first battle of Ypres, of the first Red Cross Railway Rest Station of the war by Dame Catherine Furse, G. B. E., the head of a unit of sixteen V. A. D's and two trained nurses. The little company converted discarded wagons and three ambulance trains into shining dispensaries and kitchen quarters, and fed within the first twenty-four hours a thousand wounded. From this small beginning grew the vast ramifications of the service abroad of the British Red Cross and Order of St. John. Three months later, in January, 1915, Dame Furse returned to England and took charge of the V. A. D. Department, which now became established with headquarters at Devonshire House. She was replaced at the Boulogne Rest Station by Dame Rachel Crowdy, G. B. E., who was later appointed Commandant of Voluntary Aid Detachments in France. Dame Furse, to whom high credit for the immense success of the V.A.D. Nursing Service is given, was made Chief Commandant of the Women's V. A. D. Department and Chairman of the Ladies' Division of the Joint War Committee. She resigned these positions November 15th, 1917, and was succeeded in the Chairmanship by Lady Ampthill, G. B. E., C. I.

The next step in the development of V. A. D. activities was the introduction of their nursing members into Military Hospitals. This event took place in February, 1915, on the authority of letters from the War Office, which recognized them as a part of the personnel on a rate of pay similar to, but graded lower than, that of the Queen Alexandra Nursing Service. As a result of this, V. A. D. members trained in first aid were sent to Auxiliary and Military Hospitals throughout England and also within the year to Malta, Egypt, France, and to the various American, Canadian and Australian Hospitals and to the hospitals or hostels of the Royal Air Force and the Royal Navy. The total number of nursing V. A. D's., to December, 1919, was 17,317. Of these, 886 were mentioned in despatches and 329 received decorations.

A General Service Department was started in September, 1915, to replace men of military age from various positions in civil life. By this means, 11,000 men were released by V. A. D. workers for service at the front. *V. A. D. Motor Ambulance Work* was formally started by the opening in August, 1916, of a school of instruction at Devonshire House, and the V. A. D. members trained here did splendid work both in France and Italy, and at home in England. Other forms of V. A. D. service were work in hospitals, recreation huts, headquarter stations, convalescent hospitals, sick bays for members of the officers or nursing or V. A. D. members, canteen service, etc. The V. A. D. nursing service was so efficient and proved itself of such great value that special recognition was accorded it at the close of the war by the establishment of a series of scholarships for the benefit of those who wished to train for the nursing profession, after demobilization. Five hundred and fifty-seven such scholarships were awarded to V. A. D. candidates.

One of the most important services rendered by the St. John Ambulance in the late war was the organization of the St. John Ambulance Brigade Hospital, which was established at Etaples in the summer of 1915, and received its first convoy of wounded in September, 1915, and which immediately won universal recognition as being one of the finest, if not the finest, hospital of its size in France. It was situated about eighteen miles south of Boulogne, just across the road from No. 1 Canadian General Hospital, and forming one of the group of hospitals lying between Etaples and Camiers, and with them carried on an extremely active and efficient service. It had accommodation for 520 beds, with provision for an additional 200 in emergency. It was financed by the Order of St. John, and as far as possible staffed by members of the Order, most of the trained nurses and all the V.A. D's. employed being drawn from its ranks. It was magnificently equipped, and possessed the only electro-cardiograph in a military hospital in France, and other equipment of the highest standard. The officer in charge was Col. Sir James Clark, C. B., C. M. G., replaced a year later by Lt.-Col. C. J. Trimble, C. M. G. Its nursing staff consisted of a matron, assistant matron, 53 trained Sisters and 24 V. A. D's. With No. 1 Canadian General, the St. John Ambulance Brigade Hospital suffered severely from the air raids of May, 1917, four of its wards having been entirely destroyed.

War Service of the Canadian V.A.D's.

The plan of voluntary aid to the medical service in time of war, which was made part of Great Britain's plan of defence in 1909, was accepted by the Militia Council of Canada in 1911. Prior to 1914, only a few nursing divisions were formed, but from August, 1914, on they multiplied rapidly, and throughout the war large numbers of Canadian V.A.D's. did hospital service, at first only in Canada and later as a part

of the Imperial organization in hospitals overseas, within the war zone and in England, where they acquitted themselves with the same efficiency and honour as distinguished the Imperial V. A. D. Service throughout.

In the year 1918, the Canadian Government gave formal recognition of the V. A. D. Military Service under the title of "Women's Aid Department" of the Department of Militia and Defence. On October 31st, 1920, demobilization of the W. A. D. took place.

We are indebted to Dr. Charles G. Copp, Assistant Commissioner to the Order for Canada, for the following summary of the Canadian V. A. D. war service by members of the nursing division throughout Canada, and to Mrs. V. V. Henderson, District Superintendent of the Montreal detachment for the account of the Nursing Division from Military District No. 4 (Montreal and vicinity):—

SUMMARY OF CANADIAN V. A. D. WAR SERVICE, NURSING DIVISION.

1. *Under the scheme of Voluntary Aid to the Medical Services in time of war as approved by Militia Council in* 1911 *to* 1915;

Toronto. Central and West Toronto Divisions assisted the Voluntary Aid Committee of Military District No. 2 (Toronto) to open a Central Convalescent Hospital at Bishop Strachan's school building.

Montreal. (Military District No. 4), classes in first aid and home nursing were begun, and, from those qualifying as holders of certificates, were selected the members of the first Voluntary Aid Detachment in this area, registered at Ottawa as V.A.D. No. 2. The members of this Detachment No. 2 operated the first Khaki League Hospital in Montreal, which was opened in March, 1915, by the Duke and Duchess of Connaught. This hospital was conducted by an entirely volunteer staff, having trained nurses in charge who gave voluntary unpaid service, with the (probation) V.A.D's. as assistants. Also trained masseuses, giving freely of their time. In May, 1917, this hospital became a C.A.M.C. hospital, but the same nurses and the same masseuses remained as volunteers during the whole period of time.

2. *Under the Military Hospital Commission of* 1916.

Members of the divisions served under the nursing staff in those military hospitals in Canada in which the officer commanding the hospital of the commission accepted the service. About 2500 members took part in this service as time and opportunity offered.

3. *Under the Women's Aid Department of the Department of Militia and Defence.*

(This Department was organized as from November 1st, 1918, and was demobilized completely on October 31st, 1920. The following establishment is that officially recorded, and not all the members served the full two years, the average being considerably less.

The distribution of V.A.D. nursing members and function trainers, S.S.S. Masseuses and general service workers, was as follows, making a total throughout Canada of 167 V.A.D's, 265 masseuses and 47 general service workers:

Locality	V.A.D. Nursing Members	Function Trainers	S.S.S. Masseuses	General Service	Hospitals
M. D. No. 1. (London)			9		in 2
M. D. No. 2. (Toronto)	26	23	126	2	in 5
M. D. No 3. (Kingston)	8		17	4	in 2
M. D. No. 4. (Montreal)	47	6	32	22	in 2
M. D. No. 5. (Quebec)	5		1		in 1
M. D. No. 6. (Nova Scotia)	5	2	9	2	in 2
M. D. No. 7. (New Brunswick	2		4		in 1
M. D. No. 10. (Manitoba)	16	3	24	2	in 3
M. D. No. 11. (British Columbia)	1	2	21	2	in 2
M. D. No. 12. (Saskatchewan)	7		9		in 1
M. D. No. 13. (Alberta)	14		13	13	in 2
	131	36	265	47	

4. *Overseas Service*:

In May, 1915, two young women left for service in the St. John Brigade Hospital at Etaples, Miss Eleanor Wilson, and Miss Emma Plimsoll Vaux. Both were created Honorary Serving Sisters of the Order of St. John.

In July a request was received for sixty volunteer hospital probationers. This unit left for Europe on September 16th, 1916, under Mrs. V. V. Henderson, of Montreal. It was followed by eight other units, until 342 members reported to the Authorities requesting them, viz., the Women's V.A.D. Department of the Joint War Committee of the British Red Cross Society and the Order of St. John.

The following figures represent the cities from which V.A.D. members left on this overseas service:

Ontario—			**Alberta—**		
Brockville	1		Edmonton	9	
Guelph	8		Calgary	9	18
Hamilton	11		**Quebec—**		
Kingston	6		Quebec City	3	
London	27		Montreal	41	
Ottawa	36		Sherbrooke	2	46
St. Catharines	4		**New Brunswick—**		
St. Thomas	10		St. Johns	18	
Toronto	67		Fredericton	7	25
Windsor	4	175	**Nova Scotia—**		
Prince Ed. Island—			Halifax	3	3
Charlottetown	4	4			

British Columbia—				**Saskatchewan—**			
Vancouver	13			Saskatoon	10		
Victoria	10	23		Regina	14	24	
Manitoba—							
Winnipeg	24	24					

The Royal Red Cross was awarded to one Canadian V. A. D. nursing member and three others were mentioned in despatches.

Twenty-three additional members were equipped and under orders, but passage accommodation could not be secured prior to signing of the Armistice, so that orders were cancelled.

Forty members served in a field of actual warfare and have received victory and general service medals.

Details of V.A.D. Service in Military District No. 4, Montreal, under the Military Hospital Commission of 1916 *and on overseas service and under Women's Aid Department of Militia and Defence. Account by Mrs. V. V. Henderson.*

(To be Continued)

IT COULDN'T BE DONE

Somebody said that it couldn't be done,
But he with a chuckle replied
That maybe it couldn't, but he would be one
Who wouldn't say so till he tried.
So he buckled right in, with the trace of a grin
On his face—if he suffered, he hid it;
He started to sing as he tackled the thing
That couldn't be done—*and he did it!*

There are thousands to tell you it cannot be done,
Thousands to prophecy failure,
Thousands to name for you one by one
The dangers that wait to assail you!
But just buckle in, with the trace of a grin,
Then take off your coat and go to it,
And start in to sing as you tackle the thing
That cannot be done—*and you'll do it!*

—*San Francisco Bulletin.*

It is with our judgments as with our watches—no two go just alike, yet each believes his own.—POPE.

The World's Pulse

By Elizabeth Robinson Scovil

Discovery in Egypt

The recent wonderful discoveries of ancient treasures in Egypt by Lord Carnarvon and Mr. Howard Carter have excited great interest. The tomb of the Egyptian King Tutankhamen at Thebes, across the Nile from Luxor, is the only tomb of an Egyptian king found in its original state. It dates back to about 3000 years before Christ. Among the treasures is a box containing the robes of the Queen. They are of diaphanous bead-net and of rare beauty, although they are almost, if not quite, 5,000 years old. Three candlesticks were found which are of great historical importance, as showing the method of interior illumination. The stands are of bronze, and the wicks of tightly-twisted linen swathed in oil. There are many rolls of papyri which have yet to be deciphered.

Floating Cities

The general manager of the Cunard Company says that a modern giant liner is worth about $15,000,000. The electric plant is large enough for a city of 700,000 inhabitants. At least 10,000 lamps and more than 200 miles of electric cable is required, yet the whole mass of 50,000 tons will respond to a single turn of the steering wheel.

An Historic Taxicab

One of the Paris taxis used in September, 1914, to carry five French regiments from Paris to the front has been placed in the courtyard of the Invalides, the French War Museum, beside the railway saloon in which the armistice was signed. The troops were sent to the assistance of General Maunoury, who was being hard-pressed by the Germans on the banks of the Ourcq River, northeast of Paris.

An Ancient Urn

An urn 2,500 years old has been discovered near Chichester in England. It bears the maker's name, Semlin, who belonged to a tribe which invaded England 400 years before Christ. It is of pottery and nearly two feet high.

Luxurious Railway Travel

America is usually supposed to have said the last word in luxurious railway cars. A wonderful new British-built express, travelling between Calais and the Riviera, is said to be the most luxurious in the world. Each passenger has a separate compartment in the sleeping car, fully fitted for his comfort and convenience. By day the bed is turned into a broad couch. The compartment can communicate in pairs, but the locking of a door makes each one absolutely private.

An International Gift

Mr. Rodman Wanamaker, Commissioner of Police Reserves, New York, has presented a beautiful processional cross to Westminster Abbey as a pledge of brotherhood between English-speaking peoples.

Photographs by Wireless

One of the greatest advancements in science is the sending of photographs by wireless. As yet this has only been possible over short distances, but it is predicted that the time will soon be here when illustrations can be sent by wireless as easily as words are now. A newspaper correspondent can transmit the photographs he has taken with the same facility as he sends his news report.

An Empire Chain

The British are seriously considering completing a chain of wireless stations throughout the Empire. The Marconi Company has announced that it is prepared immediately to begin work amounting to about $10,000,000.

Opera By Wireless

A performance of Mozart's "Magic Flute" was broadcasted in London and heard 500 miles away. A microphone was placed in front of the stage at Covent Garden Opera House; from there a wire transmitted the music to Marconi House, where it was broadcasted. It is said that singers will have to be specially trained to sing for broadcasting.

The Wireless Telephone

The human voice has actually sounded across the Atlantic ocean. A party of men in New York spoke directly to London; their voices were heard and recognized and the messages understood. As the English station was not equipped with sufficiently powerful sending apparatus to transmit voices from London, the replies were sent by cable and received within a few minutes.

The Left-Handed

A case is reported of a child who was congenitally left-handed and had always used the left hand in writing. She was taught to write with her right hand and immediately began to stammer. When allowed to revert to the use of the left hand, her stammering ceased. It is important that children who are naturally left-handed should not be interfered with in its use. It can be as effective for all practical purposes as the right hand usually is, and the development of the brain is responsible for its instinctive use.

'Tis friends who make this desert world
To blossom as the rose—
Strew flowers o'er our rugged path,
Pour sunshine o'er our woes.

News from the Medical World

By Elizabeth Robinson Scovil

Regularity in Nursing

In an interesting article on the feeding of infants, it is stated that a baby should be wakened to be fed, because the breast that is emptied at regular intervals functions better both as regards the quantity and the quality of the milk. Regular habits in breast feeding are as essential to milk production as to its digestion and assimilation.

Duration of Breast Feedings

Another authority states, as a result of experimentation in a large number of cases, that nursing infants obtain the greater part of their feeding of breast milk in the first few minutes—that is, from two to four minutes after beginning to nurse. After eight minutes very few babies get any milk whatever. If a baby shows no sign of discomfort from an adequate feeding obtained in from five to eight minutes, there is no reason why he should not take his bottle in the same length of time.

Insulin

The *Canadian Medical Association Journal* says that the Medical Research Council of Great Britain has accepted the patents for the manufacture of insulin, the pancreatic extract isolated by Dr. Banting and Dr. Best in the physiologic laboratory at the University of Toronto. The council will supervise the distribution of insulin in Great Britain. Dr. Banting has been awarded the Reeve prize by the University of Toronto for his research work on the treatment of diabetes by insulin.

The Nursing Bottle

An Italian physician asks if the nursing bottle is indispensable. For reasons of cleanliness, she prefers feeding even the youngest infants with a spoon.

Infant Mortality

New England has had for years the lowest rate of infant mortality known. In 1908 it was 68 per thousand live births; since then it has been steadily lowered, and in 1917 was 48 per thousand. It has been a pioneer in systematic development of infant welfare work. In the United States the present rate is 94 per thousand.

Care of the Nipples

An authority advises that a nursing mother should have, on a convenient tray, a glass-stopper bottle of a saturated solution of boric acid, and a box of wooden toothpicks, the points wound with absorbent cotton. At the time of nursing, some of the boric acid solution is poured into a small glass, the cotton dipped in it, and the nipples thoroughly washed without touching with the fingers.

Vomiting in Pregnancy

To combat this condition, a diet high in carbohydrates is recommended, food to be given frequently during the day rather than the usual three meals. Lactose solution may be given by mouth. Alkaline solutions may be alternated with the lactose. The urine should be examined frequently to detect a glycosuria.

Immunity to Malignant Disease

The *Canadian Medical Association Journal* reports attempts made in thirty cases to immunize cancer patients against their own tumor cells. Five were suffering from carcinoma of the breast, diagnosed by the microscopical examination. A limited operation was performed, the primary growth being removed but not the axillary glands. This was followed by injections of tumor tissue, properly prepared. In some of the cases the disease was very far advanced. When last seen these patients were all in good health, without symptoms of recurrence. Complete surgical removal was considered impossible in any of the cases.

The Vitamins

Later researches into the composition of food have revealed certain substances as necessary to health and must be contained in a well-balanced diet. The nature of these substances is unknown. There are at least three of them: fat soluble A, water soluble B, and water soluble C. The first is contained in leafy vegetables, in butter fat, in the fat of glandular organs, in yolk of egg, and in actively growing tissues. The second is almost universal in its distribution, but is absent from most fats and very scantily present in muscle meats. The chief source of the third is oranges, tangerines, lemons, and some vegetables, cabbage being one of them. Scurvy follows a diet deficient in water soluble C; beriberi is thought to be caused by a deficiency of water soluble B; and an eye disease, known as xerophthalmia, from the absence of fat soluble A from the food, though no doubt other factors combine to produce the result.

Menorrhagia in Young Girls

The *Lancet* says that unless the hæmorrhage is so excessive as to present urgent symptoms, there is no necessity for a pelvic examination in the case of young girls until after a trial of medical treatment. The greatest defect in the upbringing of young girls is providing for them insufficient time for sleep and almost no real leisure. Games are too strenuous, and too much home work is either permitted or connived at. The work should be well within the girl's ability.

Epochs in Medicine

In an address delivered by Dr. W. W. Keen, recapitulating his hospital experience since the sixties, he said the three chief advances in medicine were vaccination in 1796, anesthesia in 1846, and bacteriology, including the special work of Pasteur and Lister.

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Special Class Work in Vancouver

On the five school days of the week, 946 schools open their doors to 86,000 children in British Columbia. The assembly of one large school is a thrilling sight, and the passer-by on the street pauses to watch the eager, happy throng march in. If we realize that everywhere, in city, town and isolated country district, this same assembly of children is taking place, how it stirs the imagination! How it brings home to the educationalist the weight of his responsibility!

The history of education, since education became general for all children, has moved rapidly. The step in progress, which is the subject of this article, is the establishment of special classes in general and the application of this movement in Vancouver schools.

The imbecile in school was always recognized as incapable of going beyond the work usually accomplished by seven or eight-year-old children —that is, to read simple primers, copy writing and do a little mechanical arithmetic. His status was recognized by the very narrow limits of his ability and by the physical stigmata that almost always accompanie imbecility.

Between the imbecile and the normal person the gradation of mental ability are as finely shaded as the difference in heights of people, and the ability is as fixed and incapable of being raised to a higher level as the imbecile is incapable of becoming normal. Thus we find children in the schools, who in appearance are very often normal, whose lower mental faculties, memory, sensory discrimination, motor control, etc., are well developed, but whose higher faculties, reasoning and understanding of abstract ideas, are very undeveloped, and always will be. For these children the work of the early grades is possible, and, while they get the work slowly, they read well, do mechanical arithmetic, reproduce a simple story fairly well, and do all work depending on memory and imitation. In the senior grades, where reasoning and comprehension of a higher order are needed, they flounder.

The children above imbecile grade and below normal are grouped as sub-normal. Those at the lower end of the group are definitely feeble-minded. They are low and middle grade morons. Those at the upper end are not diagnosed, because diagnosis of feeble-mindedness is also a prognosis. Once feeble-minded always feeble-minded, and many of these children will measure up to the social criterion of normality. By the school criterion, however, they are feeble-minded. They cannot profit by the teaching of the regular grades and cannot "compete on equal terms with their normal fellows."

Classes for sub-normal children are established to benefit both the children who enter them and the school as a whole. When the sub-normal children are removed from a regular class, the teacher's time can all be devoted to the normal children. She is no longer harassed by the presence of a child who is doing nothing, nor a problem in discipline—for these children are often a great problem in that respect.

The idea of special classes is never to coach children in academic work and replace them into their grades. For these children the regular curriculum is impossible, and so the goal of special classes is different. The work is more concrete, because the children find great difficulty in bridging from the concrete to abstract. Much time is given to handwork, which trains in motor co-ordination, habits of industry, neatness and perseverance.

In Vancouver, special class work was established in February, 1918. Before that time there were two classes for imbeciles, but it was realized that between the imbecile and the average child there were many who needed individual attention and special methods. Mrs. Hall (Martha Lindley), a psychologist, who had trained at Vineland, N. J., organized

the work. One class was established in April, and the following September four more were opened. In September, 1919, there were twelve classes, and the number now stands at nineteen. These classes are single rooms in a school or in groups of two to a school. The class at the Detention Home is included in the system.

The special classes are limited to fifteen pupils, who are selected by the Psychological Department, and are graded as far as it is possible to grade with only one or two classes in a school. The rooms are the regulation size and fitted with desks, chairs, tables, and manual training benches. As much floor space as possible is left for games and folk-dancing.

With only fifteen pupils, much individual attention is possible, and this is necessary both in academic and handwork. It is also necessary to have a very different type of discipline than is found in most school-rooms. The children are free to move about, getting supplies for their work, to help each other when a hand is needed, etc. The small class also increases immeasurably the influence of the teacher upon the child, his habits, outlook and behavior. In consequence of this freedom, with self-control and of the teacher's influence, we find the children changing from unhappy or anti-social beings to joyous, busy and co-operative little workers. Their success in handwork counteracts the sense of failure, which has grown as a result of their poor standing in the regular grades. Handwork stimulates the activity of their minds, and makes them wish to come to school. Special class is pre-eminently the cure for truancy.

On the academic side, the work is made as interesting and concrete as possible through games, stories and their dramatization, a play store and correlation with handwork. Every effort is made to avoid wasting time on isolated facts which will mean nothing to the child. Only work that he can really assimilate and apply is presented.

The handwork consists in sewing, crocheting, knitting, brush-making, toymaking, which involves woodwork and painting, beadwork, raffia and reed work, etc. The boys have, in addition, benchwork with two manual training instructors. They do not follow the course of the regular grades, but make large pieces of furniture. The girls have cooking.

When classroom accommodation becomes less of a problem in the city, the board proposes to provide a center where the older pupils will take up more extensive vocational work. It will be a secondary school for these children, corresponding to the high school for normal ones.

A field worker in connection with the work follows up the child after he leaves school. In many cases she finds work suited to his ability and special aptitudes. She guards against his entering blind-alley jobs. She encourages savings accounts, and many times lends a hand over a rough spot.

The classes are co-ordinated into one system, under the supervisorship of Miss A. J. Dauphinee. This co-ordination is a very important

factor in the success of the work. Weekly meetings of the teachers, which the supervisor holds, stimulate their interest in the work, encourage them in their problems, and give an opportunity for the exchange of helpful ideas.

RUBY A. KERR,
Psychologist, Vancouver Public Schools.

A Dispensary Cafeteria

The trend of modern hospital administration is undoubtedly towards a better understanding of the patients' needs — not only medical, but social. Our hospitals are becoming more human in their dealings with those who apply for relief. As a result, many subjects are being discussed in the hospital journals and at our conventions, under the heading of "Better Service to the Patient."

Dispensary Cafeteria, Montreal General Hospital

An opportunity for bettering our service to the patient was brought home to me very forcibly last winter. During a conversation with the nurse in charge of the out-patient department, she made the suggestion that she be allowed a certain amount of tea, sugar, bread and butter per day. On closer enquiry it was discovered that an unusual number of patients visiting the dispensary were fainting during examination, due in the majority of cases to their not having had breakfast, and in many

cases being detained in the dispensary all day for various examinations. This hospital is in a very congested district, and, while there was plenty of opportunity and time for the purchase of food in restaurants, they did not have the necessary funds for this purpose, and it was the nurse's intention to provide a small lunch for them.

The idea occurred to us at that time that here was an opportunity of doing a real service to the out-patients. I had seen, on a visit to the Massachusetts General Hospital, an endeavor to meet their problem in their out-patient department.

Philanthropic friends of the hospital were approached, and as a result some $400.00 was collected to build and equip a lunch-counter. Fortunately the space was available in the rotunda of the dispensary, and in no time the interest of all was aroused in this novel experiment. The carpenters and mechanical staff of the hospital donated their time to building it after working hours.

The following is a list of equipment that it was thought necessary to start with: Coffee urn, tea urn, sink, dish sterilizer, cups and saucers, paper plates, sandwich plates.

Prior to its completion the question of waitresses was gone into; and it was soon found that here was a real stumbling-block, financially. However, this was overcome by a group of young ladies, known as the Junior League, offering to staff this cafeteria. They come in turns, weekly, and make their own sandwiches, coffee and tea, wash the dishes and do all the serving; and it is due to their untiring efforts that this lunch-counter has turned out to be an unqualified success, not only from the service it is rendering, but financially; for, in spite of the fact that food is served cheaper and cleaner than in most restaurants, we have been clearing a profit of $100.00 a month on it. This profit has been turned over to the Social Service Department as a donation from the Junior League, and has been the means of establishing and maintaining a nutritional clinic.

Both the Social Service and nurse in charge of the dispensary are empowered to issue as many tickets for free meals as they deem necessary. Those who can pay our modest prices are asked to do so.

This lunch-counter had only been in operation a few days when the medical students made a request that they be allowed to purchase their lunch at it; and it has been a great source of comfort to them to be enabled to purchase a clean lunch in the short time allotted for this purpose by the university, and especially during our rigorous winter season.

It has always been the custom for this hospital to allow relatives of patients on the danger list to remain at the bedside of the patient during this critical period. The nurses in the wards were frequently consulted as to the possibility of the hospital furnishing meals to these visitor, and, while this has been the custom in the private wards, it was not practicable in the public wards. The lunch-counter has solved this problem.

The Montreal General Hospital will have a dispensary attendance this year of 150,000 visits. Its patients are drawn from a radius of fifty miles, and, from the newspaper publicity and remarks that one frequently hears, there is no doubt that our lunch-counter for the dispensary has come to stay.

A. L. Haywood, M.D.,
Superintendent.

Health Information Service

In order to assist health officers and public health nurses to keep abreast with the rapidly increasing literature on health matters, the Canadian Red Cross Society maintains a Health Information Service to supply data and information pertaining to this subject. The senior magazine of the society, issued each month, contains descriptive notes on the more interesting articles in the latest health periodicals.

The Canadian Red Cross will be glad to furnish readers of the *Canadian Nurse* with information or data on any phase of public health. Application should be made to Dr. Ruggles George, Canadian Red Cross Society, 410 Sherbourne Street, Toronto, Ont.

THE PILGRIM WAY

But once I pass this way,
And then—no more.
But once—and then, the Silent Door
Swings on its hinges,—
Opens . . . . . closes,—
And no more
I pass this way.
So while I may,
With all my might,
I will essay
Sweet comfort and delight
To all I meet upon the Pilgrim Way.
For no man travels twice
The Great Highway,
That climbs through Darkness up to Light,—
Through Night
To Day.

—John Oxenham.

The human system is supplied with those defensive forces known as the power of resistance of immunity, and by obedience to the rules of hygiene—of right living—they insure us against many attacks of disease.

Dr. R. H. Lewis, *Wisconsin State Board Bulletin.*

Private Duty Nursing Department

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The Economics of Tuberculosis

By W. J. Dobbie, M.A., M.D.C.M.,
Physician-in-Chief, Toronto Hospital for Consumptives,
Weston, Ontario

Tuberculosis is an expensive disease; expensive to the individual, to the family, often to the friends, and always to the community. It entails a great cost in lives, in disability, in money, and in unhappiness.

The extent to which this disease is costly in lives may be appreciated when it is remembered that the total number of deaths from tuberculosis is greater than the combined deaths from measles, whooping-cough, diphtheria, scarlet fever, and smallpox. During the period of the Great War some 40,000 Canadians died gallantly in battle, and this gripped the attention and interest of every citizen. But during the same period little or no interest was aroused by the fact that some 43,000 died needlessly and wastefully from tuberculosis. Between the ages of 20 and 29 the deaths from tuberculosis are one-third of the deaths from all causes. In 1921 the nine provinces of Canada lost slightly more than 81 people in every 100,000 from tuberculosis, or a total of 7,694 people. This means that one in every fourteen deaths was due to this disease.

Each child represents an investment, on the instalment plan, by the community. From birth until 15 years of age there is an outlay only on the maintenance and education of the child. From 15 to 20 years, it is the exception rather than otherwise for the earning capacity of the individual to exceed the outlay for these years. From 20 to 25 years, while the earning capacity may be increased, in many cases new obligations are assumed which entail a further liability for the community, or which, at

least, reduce the power of the individual to repay what has already been spent on him. The period in which such payment may be made is usually considered to be between the ages of 25 and 60. On this account, then, there is an economic importance attached to the fact that nine out of every ten deaths from tuberculosis take place between 15 and 65 years, and it is for this reason that a death from tuberculosis is a greater loss to the community than a death from one of the diseases peculiar to infancy or one of the diseases more prevalent in later life.

In calculating the cost of each death from tuberculosis, Dr. Irving Fisher, Professor of Political Economy at Yale University, in articles presented to the National Tuberculosis Association in 1908 and again in 1912, has laid down the following considerations which require to be taken into account:

1. The mean after-life of the average person living at the ages at which consumptives die is taken as 32 years. This figure is calculated from the experience tables of life insurance companies.

2. The mean after-life which consumptives would have had if they had not developed tuberculosis is to be taken as three-fourths of that of the average person, or a period of 24 years. This reduction from 32 to 24 years has been made on the assumption that those developing tuberculosis are of poorer vitality than ordinary persons, and therefore their life expectancy would ordinarily be less.

3. The productive period of life is taken to lie between 17½ years to 60 years, a period of 42½ years. This period is thought to be conservative, and is shorter than that estimated by many writers on the subject. The upper limit is usually placed at 65 years, and the lower limit sometimes at 15 years.

4. The part of the consumptive's after-life (24 years) which would have fallen in the productive period is taken as 17 years. This calculation has been based on the age distribution of deaths.

5. The period of total disability preceding death, during which the patient earns nothing towards his support, is taken as one and a-half years. This figure is the result of an investigation by Dr. Price of cases in Maryland, and is believed to be exceedingly conservative on account of the fact that his figures relate to the laboring classes only, who do not give up work until it is absolutely necessary.

6. The period of partial disability preceding the period of total disability, during which the patient is supposed to earn only one-half of his former income, is taken to be also one and a-half years. No account is taken of a further period prior to these disability periods in which there is at least some degree of impaired efficiency.

7. The average usual earnings of all workers, including working children and housewives, has been calculated by Dr. Fisher, on the basis of all the evidence obtainable, as $700.00 per year. As this estimate was made previous to the period of the Great War, it might reasonably now be increased to $1,000.00.

8. The average cost of supporting and caring for a consumptive during the period of total disability is taken as $1.50 per day. This estimate also was made prior to the period of the Great War, and might reasonably be increased now to $2.00 per day.

9. The number of actual workers in the community is considered to be only three-fourths of those who are of working age.

10. The workers, however, are supposed to consume on the average of 60 per cent. of their own earnings, and to spend the remaining 40 per cent. on their dependents.

In figuring the cost, therefore, of each death from tuberculosis, it is necessary to perform a simple problem in arithmetic, somewhat as follows:

Cost of Each Death from Tuberculosis

(1)	Period of partial disability, 1½ years. Loss of one-half the usual earnings of $1,000.00 per year	$ 750.00
(2)	Period of total disability, 1½ years. Loss of usual earnings of $1,000.00 per year	1,500.00
(3)	Cost of support and care during the period of total disability, 1½ years. Five hundred and forty-seven and a-half days at $2.00 per day	1,095.00
(4)	Loss of life during 17 years of the working period, at $1,000.00 per year, capitalized at 5 per cent. so as to bring it to a present value basis of $10,000.00. From which must be deducted:	
	(a) One-fourth of the amount, or $2,500.00, to allow for the proportion of those of working age who do not work, leaving $7,500.00	
	(b) From which there must be a further reduction of 60 per cent., representing the amount that would have been spent by the worker on himself, and which is therefore not lost on account of his death, leaving only as the amount actually lost to his dependents.	3,000.00
	Total cost of each death	$6,345.00

In Canada, in 1921, there were 7,694 deaths from tuberculosis. Each of these represented a cost to the community of $6,345.00, or a total of $48,818,430.00, or more than $4,000,000.00 per month.

If an appeal were to be made to the people of the country to approve of a Federal grant of $48,000,000.00 per year to combat tuberculosis, it is hardly likely that it would be received with a very great deal of enthusiasm. The same amount might be approved for a transcontinental railway, or for the construction and improvement of national or provincial highways, or for the harnessing of natural water-powers for the development of electrical energy; but to spend such a sum as this in preserving the manhood and womanhood of the nation would not readily appeal to the imagination of the average citizen at the present time.

The figures are equally striking if applied to one of the provinces. In Ontario, for instance, in 1921, there were 2,082 deaths from tuberculosis. Each of these cost the community, $6,345.00, or a total of $13,210,290.00, or more than $1,000,000.00 per month. In this province, in the last 20 years, the death-rate from tuberculosis has been more than cut in two. So that in the year 1921, if the old order of things had obtained, there would have been an additional 2,082 who would have died. If we care to calculate that the periods of total disability and partial disability have in these cases been merely postponed for the average period of, say, 10 years, and if we reckon the future earnings of each during this period when capitalized at $2,000.00, we have a saving to the community of $4,164,000.00 per year.

It is to be noted, however, that the money spent in combating tuberculosis is returned again to the community many times over. Take this one illustration from the report of one organization: The National Sanitarium Association in twenty-five years has spent on buildings and equipment $1,019,482.00, and on maintenance of patients $5,407,075.00, or a total of $6,426,557.00. For this expenditure they have cared for 17,000 patients, of whom 8,500 have been returned to their homes and to their work. Of these, probably one-third have been given an extra five years of life, another third an extra 10 years, and the remaining third 15 years, or an average of 10 years each. If we consider in these cases that the periods of total and partial disability have only been postponed for 10 years, and calculate that the amount which these individuals would have contributed to the support of their dependents in this period of 10 years is, when capitalized, the sum of $2,000.00, there has been in this way a return to the community of $17,000,000.00. In other words, for every $6.00 spent there is a return from this one source of $17.00.

The demonstration at Framingham, Mass., has confirmed what was previously believed, that one per cent. of the population are suffering from active tuberculosis. There are at least ten active cases for every death. In Ontario, therefore, where there were 2,082 deaths in 1921, there may be considered to be 20,820 active cases. If we could give to each of these an extension of ten years of working life, on the same basis as previously calculated, we would be returning to the community $21,640,000.00; or if the same calculation be applied to the whole Dominion, where in 1921 there were 7,694 deaths, there would be a return to the country of $153,880,000.00.

What has already been done is very creditable. But there is no reason to suppose that a still further reduction in the annual cost to the country from tuberculosis cannot be made. But as in any business it is a wise policy, in order to save money, to spend money; and it would be good business for Canada to spend many times what is now being spent in the campaign against tuberculosis. The returns are already assured, and none could be more desirable.

Pupil Nurses' Department

The First National Conference of Canadian Students

Held in Convocation Hall, Toronto

By Eileen Flanagan
Royal Victoria Hospital, Montreal

The conference—and it was, in the true sense of the word, a real conferring together—was the practical outcome of a desire on the part of the leaders of the Student Christian Movement that, through deliberation and fellowship, students might help to bring about better national and international relationships, and that they might also face the problems of our own country.

It was necessary that those who were to take part in the discussions should go well prepared in the subjects to be considered, and therefore study groups were formed in the subjects to be considered. On December 27th came the assembling of the delegates in Convocation Hall, Toronto University, numbering about 800, of whom 110 were from McGill. Interest and enthusiasm were intense; the roll call was answered by the "yell" of each particular college.

It was fitting that, on the opening night of the first conference of Canadian students, we should have the honor of hearing our Governor-General, Lord Byng, whose carefully chosen words made a deep impression. He chose the subject of "Character," which he termed the accumulation of our impulses, modified by reason. Lord Byng emphasized the need of leadership and education, especially in the study of human nature, as two of the best possible means of quickening results in helping others. Sir Robert Falconer welcomed us to the university, and we were then entertained by the Toronto students at Hart House.

For an hour each morning Dr. Herbert Grey, of the S.C.M. in Great Britain, lectured on the fundamental needs of each individual, and to a greater extent to the nation, the need of God. In a most practical way he pointed out that this was the basis on which the discussions of the conference should rest, for, he asked, "If you want to make a new Canada, in whose power are you going to make it? Surely not on your own, inconstant and inconsistent as it is, but it must be made on something as it is, and it must be made on something greater than humanity." The talks we had on the following day from Dr. Gray centred on the subject of a "Personal God," and, in the minds of many, were among the most valuable during the conference. One of the striking features of the assembly was its cosmopolitan character, its representation of so many nationalities and creeds. Our national and international problems were dealt with by men of wide experience. Premier Drury and Professor

McIvor presented the rural and industrial questions, making a strong plea for students settling in these environments to act as leaders in community life. It was impressed upon us that personality must be put first in industrial life if we are to get rid of the carelessness and slackness evident in every kind of work. Senator Belcourt spoke to us of "The French Language"; Dr. Oliver, of Saskatchewan, on "The Problem of the New Canadian, and His Assimilation Into our Nationality"; a Japanese and a Canadian student presented the Oriental question, and a Hebrew student the Jewish problem. The discussions which followed added considerably to the interest aroused by the speakers.

Our visiting representatives helped in a wonderful way to give us the viewpoint of the students of other countries. Dr. Aggrey, of Africa, with the vivid imagination and sense of humor of his race, made a powerful appeal for our co-operation with the colored races; Dr. Tsu and Dr. Hung, of China, and Swami Doss, of India, told of the great awakenings in these places and of the desire of the students for a better understanding, which could only be accomplished by contact and by sharing in the best we have. We heard also from Piet Roest, of Holland; Hans Tieslin, of Germany; Jorgen Holck, of Denmark, and from students from England, Czecho-Slovakia, Austria Hungary and the United States, and found that they all had their own problems and difficulties. A thank offering of $2,500.00 was given by the students in conference, and this money was sent to Prague to help the suffering European students.

As a practical outcome of all our discussions came the adoption of a resolution, to be presented to Parliament at Ottawa, asking that the Government of Canada set aside annually a sum of money sufficient for the purpose of awarding Empire scholarships each year to 22 students of Canada, 15 students in other parts of the British Empire, and 64 in other countries, in order that, through intellectual activities with the nations of the world, Canada might promote the ideals of the League of Nations.

Dr. Mott, the leader of the World Student Christian Movement, said, in his wonderful address to us, that he believed that the students of to-day could bring about a better understanding (so wished for) between the peoples of the world if we saw to it that the constructive hands of Christianity were laid on our educational institutions of every form, and if we each determined to help in bringing about the result.

As the conference came to an end, we all felt that the free exchange of ideas and freedom of speech that had been the order of the day had been the means of awakening our interest and giving us a more sympathetic understanding of opposing views; and along with this we realized that we must have action if all difficulties and problems facing the world are to be driven away, and that therefore we, each in our own walk of life, in our schools, colleges, hospitals and homes, must begin at once to put into practice the fundamental ideals of the Student Christian Movement if our conference was to accomplish its mission.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Miss Grace Fairley, president, wishes to acknowledge, through this medium, the replies to her letter asking for the opinion of members of the C.A.N.E. regarding amalgamation with the C.N.A.T.N.

The Art of Questioning

By Miss Slattery

Read Before the C.A.N.E. Convention, Edmonton, 1922

Questioning may be considered the most valuable of all teaching devices. Originating as an expression of that primitive instinct, curiosity, it has been used as an educational factor since quite early times. Socrates, indeed, employed this device to the exclusion of all others, considering it the best method of instruction. Later we find its use in a stereotyped form as a catechism to embody the salient points of church doctrine.

The modern use of questioning as a device of great value in education began in the 19th century, as a result of the impetus given to new educational methods and ideals by such leaders as Pestalozzi. During recent years its employment has been very strongly marked as a deliberate device in teaching.

So much for the history of this celebrated instrument's use. Next let us consider the method of its application. To just question, and to question effectively and efficiently, are two vastly different things. It requires no mental training to ask questions—a very young child does so instinctively; but the use of questioning as an efficient device in education is one of the most difficult arts to acquire. Few things mark off more clearly the trained and expert teacher than really effective questioning, and in many cases the success of the work turns upon this point.

To question with any degree of success requires, on the part of the instructor: (1) Full and thorough knowledge of the *subject* under consideration. One must know exactly what to ask for, how to bring out the relative bearing and importance of the various facts, and how to analyze any subject which needs to be broken up for assimilation by the class under instruction. (2) Knowledge of the *mental equipment* of the students, as well as of the way their minds may be best made to work in storing, and in giving out information. (3) *Experience* in the use of this device. This obviously only comes from practice of the art and frequent use of the same. (4) *Power* and *versatility* of expression so as to suit the question to the student and to vary the form if necessary.

With this equipment a teacher may hope to use questioning as an effective agent in his work, giving results which otherwise could not be obtained.

Next let us consider the various kinds of questions, and the purpose for which they may be used. Questioning is the natural accompaniment of all teaching, for by this means the teacher investigates the pupil's knowledge and intellectual powers, and also estimates the results of his own work. Therefore, we may divide the questions quite naturally into two classes: (1) *Testing* questions; (2) *Training* questions.

Testing questions ask directly for facts or knowledge gained by previous experience or instruction. They guide the mind towards concentration on the subject, making possible connections and associations with previous work. They should arouse interest in the subject which is going to be handled, as well as show the teacher what foundation he has upon which he must build. Testing questions are also a great help in fixing important ideas which it is desirable for the class to retain.

Training questions are of more value in the mental development of the student, as they seek to have the individual discover fresh ideas for himself. Old information is brought to light in order that new may be evolved from it. The mind is directed forward, and the reasoning powers of the student are developed. This second type of question is, of course, much the more valuable, as fortunately the accumulation and storage of facts is not the sole end of education, even if success in examination largely depends upon this accumulation.

In conclusion, as this is a very materialistic age, always demanding results, one might sum up the advantages attached to this famous art, or rather to the practice of the same: ((1) Questioning naturally secures concentration upon a certain subject. (2) By questioning one tests a person's knowledge of the subject involved. Here one comes to the ever debatable subject of examinations and their real or apparent value in our present scheme of education. What will take the place of this ancient enemy of all students? (3) The greatest value of the development of questioning certainly lies in the use of "Training Questions," whereby the mental development of the student is secured. It is by this result only that an education should be judged.

If it be my lot to crawl, I will crawl contentedly; if to fly, I will fly with alacrity; but as long as I can possibly avoid it I will never be unhappy. If, with a pleasant wife, three children, a good house and farm, many books, and many friends who wish me well, I cannot be happy, I am a very silly, foolish fellow, and what becomes of me is of very little consequence.—SYDNEY SMITH.

Hospitals and Nurses

NEW BRUNSWICK

Miss McMaster, superintendent of nurses, Moncton City Hospital, met with an accident recently, having the misfortune to break her ankle. She is doing well.

The Sisters of Providence have opened a hospital in Moncton, to be known as the Hotel Dieu.

Miss Martha Wallace has accepted a position in Shediac, N. B., to do public health work.

Miss Myles (Moncton City Hospital) has taken the position of assistant superintendent of Fisher Memorial Hospital, Woodstock, N. B.

Miss Annie A. Whyte (Moncton Hospital) has gone to New York to take a post-graduate course at the Presbyterian Hospital.

Miss Laura Keith (St. John G.P.H.) has accepted a position in the Dunn Hospital, Bathurst, N. B.

Miss Bertha Gregory (St. John G.P.H., 1916) has left for Halifax to take the public health nursing course at Dalhousie University.

* * * *

NEWFOUNDLAND

St. John's

The second annual meeting of the Child Welfare Association showed a most successful and encouraging year when the reports of the various activities and of the Executive Council were read. The health conference held in July was a decided success; the number of children brought for examination far exceeded our greatest expectations. The sewing committee, which makes articles which are sold for cost price at the clinic, has been self-supporting. The weekly clinic has been very successful and serving a real need. There are three community nurses, Misses Hurst, Squires and Parsons, whose work is deeply appreciated. Three nurses are not by any means sufficient for the work, but funds will not permit the engagement of more. The visiting committee have done much to supplement the work of the nurses, and have helped the nursing mothers with nourishing food, etc., to enable them to continue breast feeding.

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QUEBEC

Royal Victoria Hospital

Mrs. Alma Stanley (1898), who has been in charge of the residence, has resigned. Prior to her departure she was presented with a mahogany clock by the nursing staff. Miss Margaret MacIntosh (1902) will succeed Mrs. Stanley.

The annual dinner given to the 1923 class by the Alumnae Association will be held March 14th at the Ritz-Carlton Hotel.

Miss Lyle MacFarlane (1922) has been appointed surgical supervisor at the R.V.H.

Miss Helen Mosher (1922) has been added to the staff of the Basal Metabolism Clinic.

The Homeopathic Hospital of Montreal

Miss Theodore Sanders has accepted a position in the Binghampton General Hospital, Binghampton, N. Y.

Miss Galbraith is at present in charge of the receiving home, in connection with the Children's Bureau, on Mansfield Street.

Miss M. Richards has returned to Montreal after spending the past four months in Edmonton, Alta.

The physical culture class, in connection with the training school, has proved a success from a recreational point of view. The attendance has been good, and the instructor reports steady progress.

The sum realized at the H.H.M. table at the bazaar in November was $633.00. The members of the Alumnae Association are now working for their table at the hospital bazaar, which will be held in March. The proceeds will be devoted to the nurses' sick benefit fund.

The Canadian Nurses' Association, Montreal, held a bazaar on November 22nd, 1922, in the drawing-room of the Ritz-Carlton Hotel, which was kindly loaned for the occasion. The different booths were presided over by members of the alumnae of the different city hospitals, out-of-town nurses, public health nurses, and the Victorian Order of Nurses, as follows: Royal Victoria Hospital, bags and dolls; Montreal General Hospital, miscellaneous; out-of-town nurses, miscellaneous; Western Hospital, cake, candy, preserves, and a small miscellaneous booth; Homeopathic Hospital, miscellaneous; Women's Hospital, fruit punch and ice cream; Children's Memorial Hospital, fish-pond; public health nurses, Japanese booth; Victorian Order, admission; nurses in training, first aid booth; afternoon tea, married nurses, assisted by nurses in training. Bridge was played in the gallery during the afternoon and evening, and a dance was held in the centre of the room in the evening. The sum of $74.00 was cleared, to be used towards the purchase or erection of a new club-house.

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ONTARIO

Toronto Western Hospital

At the January meeting of the Alumnae, Dr. Routley, of the Canadian Red Cross, addressed the nurses, detailing the relief measures undertaken for the fire sufferers of Northern Ontario.

Miss Margaret Johnston (1921) has accepted a position in a hospital at Lethbridge, Alberta.

Miss Agnew (1921) has been appointed supervisor of the obstetrical ward, T.W.H.

Miss Cooney, who has been very ill for some weeks, is improving, though still in hospital.

Miss Louise B. Peat has been for the past year superintendent of the Junior Red Cross Children's Hospital, Calgary, Alberta.

Miss Bertha Smith is doing social service work in New York City.

Miss DeBarr (1923) has been taken on the staff of S.O.R. at the Montreal General Hospital.

Miss Elsie Gruer ('17) has accepted a position on the staff of Highland Hospital, New York City.

Miss A. M. Cooper (1912) has gone to the Binghampton Hospital, Binghampton, N. Y., as dietitian.

Miss Sara Fraser, who for some years has been industrial nurse for Goodwin's Ltd., has resigned her position for private duty.

Miss Mary Peters (1919) has resigned her position, in charge of the Montreal dispensary, for private duty.

Miss Agnes MacPhie (1919) has resigned from her position at Grande Mere Hospital, Grand Mere, and Miss Grace Mackay (1922) has accepted a position in the same hospital.

Misses Clara McCrea (1922) and Libbie Aird (1922) have accepted positions in the Porchester Hospital, Porchester, N. Y., the former in charge of case-room and nursery and the latter in charge of surgical wards.

Miss Marie Buss (1922) has relieved Mrs. J. Dunwoody (1918), in charge of the public ward floor in the M.G.H., while the former takes an extended trip to the Mediterranean.

Chatham

Miss Pauline O'Rourke, a graduate of St. Joseph's Hospital, Chatham, left recently to enter the Novitiate of the Sisters of St. Joseph, London, Ont.

Toronto General Hospital

Miss Nita Rathbun (1922) has been appointed to the staff of the Diabetic Clinic.

Misses Mabel Sharpe (1919) and May Morley (1920) are engaged under the Ontario Red Cross in the northern fire-stricken area, their headquarters being New Liskeard.

The January meeting of the head nurses, T.G.H., was most interesting. Miss Mabie Edgar gave an account of her sister's work in India. Her sister is Miss Annie Edgar (1917). Miss Hutchinson, head nurse of the X-ray department, also gave an instructive address on the extensive work being done in that department under Dr. Richards.

Hamilton General Hospital

Miss Muriel Harrison left France recently, where she has been learning the language for the French-Indio Hospital Mission in China.

Miss Etta McLean was at the Brant Hospital in January.

Miss Catherine Irwin has resigned from the public health service, and Miss Marion Still appointed in her stead.

Miss Hack (1923) has accepted a position with Dr. Connell, Hamilton.

Miss Brennan, president of the Hamilton General Hospital A. A., has requested that members changing their address will please notify the secretary in writing, giving both old and new addresses. They are also requested, when doing this, to notify also the office of the "Canadian Nurse" Magazine, 125 Vancouver Block, Vancouver, B. C.

Public General Hospital, Chatham, Ont.

The annual meeting of the Alumnae was held January 5th at the home of the president, Mrs. Bruce Suitor, eighteen members being present, including Miss Stone, of New York, and Miss M. Martin, of Vancouver. The reports showed a very successful year, the endeavors of the association to raise money having resulted in getting over $1,000.00. The organization had furnished a memorial room in the new wing of the hospital, as well as a rest room and bath room for graduate nurses, as well as making donations to various causes. The election of officers then took place. Miss Head was elected president, Miss Neilson corresponding secretary, and "Canadian Nurse" correspondent, Miss J. E. Tierney, 187 Selkirk Street. A pleasant social hour was then spent, the refreshments being served by the retiring executive. At the February monthly meeting, plans for several social functions were considered and arrangements made for them.

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SASKATCHEWAN

Miss Evelyn Cherry (Municipal Hospital, Prince Albert, 1921), lately on the staff of the Edam Hospital, left recently for Cleveland, Ohio, where she has accepted a position on the staff of the City Hospital.

Saskatoon

The Saskatoon Graduate Nurses' Association held its regular meeting on Thursday evening, February 1st, 1923, at the home of Miss O. Key. After the regular routine business, Mrs. Alden Johns gave a brief report of the annual meeting of the Local Council of Women. Mr. A. B. Cook, superintendent of the Saskatchewan Sanitarium, gave an address at the evening session on the work of the Anti-Tuberculosis League. All of the affiliated associations were deeply impressed by this address, and all are ready to co-operate most heartily in the effort to raise $50,000.00 to aid these tubercular mothers. Preparations were made for the annual convention of the S.R.N.A., which is to be held in Saskatoon on Thursday and Friday, April 5th and 6th. Miss Helen Cameron was appointed convenor of the local arrangements committee.

Moose Jaw

The February meeting of the Graduate Nurses' Association was a most interesting one. Mr. Schofield, of the Ross Collegiate staff, gave a most interesting talk on "Old English China." The association was also fortunate in having as a guest Miss Ruby M. Simpson, the president of the Provincial Association.

Miss Simpson gave a report of the work of the Memorial Committee, telling of the progress being made by the Provincial Committee, as well as of the work of the National Committee. As well as contributions received from nurses in all parts of our own province, Miss Simpson reported having received contributions from members of the Provincial Association at present residing in the United States or in other parts of Canada, to be forwarded through the Saskatchewan committee. She also reported that in many of the towns and cities the nurses have arranged dances and teas, thus adding considerably to the fund. Kindersley, Dodsland, Indian Head, Kerrobert, Swift Current, Maple Creek and Melfort, as well as the larger centres, such as Prince Albert, Moose

Jaw, Saskatoon and Regina, being among the places where an organized effort to raise funds has met with success. Miss Simpson also reported generous contributions received from the pupil nurses of practically every training school in the province. The Saskatchewan fund now amounts to nearly $3,000.00.

Miss Emily Eisele, late superintendent of the Prince Albert Municipal Hospital, has recently been appointed superintendent of the Moose Jaw General Hospital.

EDAM

At a recent meeting of the Nurses' Council of the Saskatchewan Registered Nurses' Association, the dates of Thursday and Friday, April 5th and 6th, were decided upon for the annual meeting. As decided at the last annual meeting, the meeting is to be held in Saskatoon.

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ALBERTA

The annual meeting of the Edmonton Graduate Nurses' Association was held in the Y.W.C.A. on January 17th, 1923, the president, Mrs. Manson, in the chair. After routine business the election of officers took place. The association held a very successful Valentine dance on February 12th.

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BRITISH COLUMBIA

VANCOUVER GENERAL HOSPITAL A.A.

In conjunction with the graduation exercises of the 1923 class, the Alumnae plan to celebrate the twentieth graduation exercises of the hospital training school by holding a re-union of all V.G.H. graduates. It is hoped that every out-of-town graduate will take a personal interest and be present to make this re-union a great success. While the actual date has not been settled, it will probably be held in June. Registration of graduates will be the first item, followed by addresses of welcome from the superintendent, the director of nursing, and the mayor. The official photograph will be taken, and a boat trip planned for the afternoon. The following morning it is planned to meet in the auditorium of the university, when, after community singing, addresses will be given by Miss Randal, R.N., and Miss Johns, R.N. The hospital will be thrown open in the afternoon and a tea will follow. The Medical Association will entertain the guests that evening. Papers of an interesting character will be given the following morning by prominent medical men, followed by luncheon at Glencoe Lodge, where a special table will be reserved for all the superintendents in the history of the hospital training school. The Gyro band will be in attendance. The afternoon plan includes a motor drive around the city. The graduation exercises of the 1923 class will take place in the evening. Further details can be obtained from Miss Hattie Innis, City Hall, Vancouver, B. C.

The spring examinations for the R.N. certificate will be held on May 2nd, 3rd and 4th, 1923.

Miss Louise Stinson, R.N. (General Hospital, Port Arthur, Ont.), has resigned her position at superintendent at the Nicola Valley General Hospital, Merritt, B. C.

Miss E. L. Hibbs, R.N., has resigned her position in charge of the Summerland Hospital, Summerland, B. C., and will take charge of the hospital at Grande Prairie, Alberta.

At the recent examinations for R.N. certificates held in November, 1922, Miss Margaret MacDonald, graduate of St. Paul's Hospital, Vancouver, was the winner of the highest marks, obtaining 88 per cent.

Miss Ruth Waterman (Vancouver General Hospital) has accepted a position on the staff of the Summerland Hospital.

Miss Elizabeth Breeze, president of the G. N. A. of B. C., has recently recovered from an emergency operation in the Vancouver General Hospital and has returned home.

Miss Jean Browne, president of the C.N.A.T.N., was the guest of the Vancouver G.N.A. at their monthly meeting on February 7th. Miss Browne spoke to them, particularly stressing the Memorial Fund, and gave them the latest report from the Memorial Committee. A most interesting address was given on "Industrial Nursing" by Miss Edwards, welfare worker at Spencer's department store, illustrated by lantern slides. Refreshments were served at the close of the meeting.

Victoria

The Victoria Graduate Nurses' Association held its annual meeting on February 6th, when encouraging interest was shown by the large attendance. Reports were presented; and the president ably reviewed the year's work, and suggested that the Memorial Ward at the Royal Jubilee Hospital, in memory of Victoria's four nursing sisters who lost their lives in the war, be refurnished in the new wing. Plans for future work were discussed, and it was decided to hold a bridge tea during Easter week. The election of officers resulted as follows: President, Miss Morrison; first vice-president, Miss Gregory-Allen; second vice-president, Miss E. Gurd; secretary, Mrs. Chambers; treasurer, Mrs. Dixon; registrar, Miss O'Brien.

BIRTHS

Beatty—At the Regina General Hospital, on Tuesday, February 13th, 1923, to Dr. and Mrs. J. C. Beatty (Bernice Petch, W.G.H., 1916), twin boys.

Blandford—At London, Ont., on February 1st, 1923, to Mr. and Mrs. Douglas Blandford (Margaret Thompson, Toronto General Hospital, 1919), a daughter.

Burry—At 177 Collingwood Street, Kingston, Ont., on October 1st, 1922, to Rev. and Mrs. John H. Burry (Rena Sheffield, Kingston General Hospital, 1919), a son.

Cody—At South Hamilton, Ont., on December 3rd, 1922, at 116 Gage Avenue, to Dr. and Mrs. W. M. Cody, a son.

Donnelly—At St. John, N. B., to Dr. and Mrs. Frank Donnelly (Edith Patterson, St. John G.P.H.), a daughter.

Dunning—At Vancouver, B. C., on September 11th, 1922, to Mr. and Mrs. John Dunning (Elizabeth L. Pattison, Winnipeg General Hospital, 1902), a daughter.

Moorhead—On September 10th, 1922, to Mr. and Mrs. Moorhead (Annie Hood, Winnipeg General Hospital, 1912), a son.

Morrow—At Yorkton, Sask., on October 28th, 1922, to Dr. and Mrs. Morrow (Miss Johanneson, Winnipeg General Hospital), a daughter.

Watson—At the Whitehorse General Hospital, Whitehorse, Y. T., on November 3rd, 1922, to Mr. and Mrs. W. F. Watson (Miss F. Kipp, Vancouver General Hospital, 1919), a daughter.

MARRIAGES

Dougherty-Lord — At Kingston, Ont., on September 20th, 1922, Lillian Mary Ford (Kingston General Hospital, 1919) to Mr. William J. Dougherty, Pembroke, Ont.

Goring-Dawe—At All Saints Church, Los Angeles, Cal., on February 3rd, 1923, Clarice Grace Dawe, R.N. (Vancouver General Hospital), daughter of Mr. and Mrs. James Dawe, Douglas Lodge, Vancouver, B.C., to Mr. Sherman Anson Goring.

Lind-Renton—At Dromore, Ontario, on January 3rd, 1923, Eleanor Beatty Renton (Guelph General Hospital, 1916) to Mr. Swante Lind. Mr. and Mrs. Lind will reside in Vancouver, B. C.

Lynn-Stairs—At Toronto, December 20th, 1922, John D. Lynn, of Toronto, to Elva L. Stairs, of Fredericton, N.B., graduate of St. John G.P.H., 1919.

McElligott-Johnston—At Montreal, Que., on February 7th, 1923, Leola Johnston (Homeopathic Hospital of Montreal) to Patrick McElligott.

McKeen-Whittick—At Winnipeg, Man., on October 25th, 1922, Florence Whittick, R.R.C. (Winnipeg General Hospital), to Mr. A. McKeen.

O'Rourke-Masterson—At Chatham, on July 3rd, 1922, Miss Masterson (St. Joseph's Hospital, Chatham, 1917) to Mr. O'Rourke.

Pannell-Zavitz—At Strathroy, Ont., on August 13th, 1922, Miss Zavitz (St. Joseph's Hospital, Chatham, Ont.) to Mr. Pannell.

Warren-Belyea—In New York City, January 13th, 1923, Annie Mildred Belyea (Montreal General Hospital, 1920) to Dr. Warren.

York-Doyle—At Walkerville, Ont., on July 22nd, 1922, Miss Doyle, graduate of St. Joseph's Hospital, Chatham, Ont., to Mr. York, of Toronto.

DEATHS

Hunter—At the King Edward Sanitarium, Weston, Ont., on January 31st, 1923, F. Margaret Hunter (Toronto General Hospital, 1917).

McGinnis—On December 15th, 1922, Miss Eva McGinnis (Montreal General Hospital, 1917) lost her life in a fire which destroyed her apartment, 220 Bishop Street, Montreal. Her loss is greatly lamented by her many friends among the nurses and doctors.

Mercier—At the Ross Pavilion, Royal Victoria Hospital, Montreal, Que., on January 23rd, 1923, Martha Mercier (Royal Victoria Hospital, 1912). Devoted to her profession, and ever ready to help in time of need, her life stands as a splendid example to those who may follow her.

REGISTRATION OF NURSES

The Province of Ontario has now in effect Rules and Regulations for the Registration of Nurses. A copy of these regulations, as well as application forms for registration, may be had by applying to Dr. Alex. MacKay, Inspector of Hospitals, Parliament Buildings, Toronto, Ont.

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GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA

An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training Schools of the Province on Wednesday, Thursday and Friday, May 2nd, 3rd and 4th, 1923. Names of candidates must be in the office of the Registrar not later than April 1, 1923.

Full instructions to candidates may be obtained from the Registrar, or at the hospitals where examinations are to be held.

HELEN RANDAL, R.N.,
Registrar.

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Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
Dispensaries—Prenatal, Delivery, Post-Partum and Social Service	2 months
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Sick Visiting Committee—Miss G. Mayhew, Miss E. Jack.

Regular meeting first Monday at 8 p.m.

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Representative to Local Council of Women—Miss Hewitt.

Representatives to Central Registry—Miss N. Lewis, Miss E. G. Woods.

Regular Meeting—Third Thursday, 4 p.m.

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Regular Meetings, First Friday of each month at 8 p.m.

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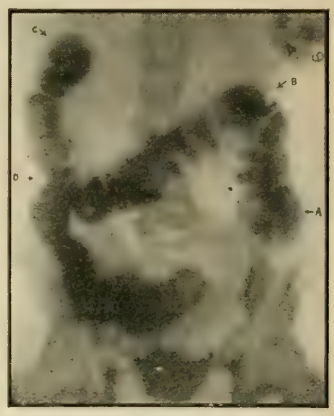

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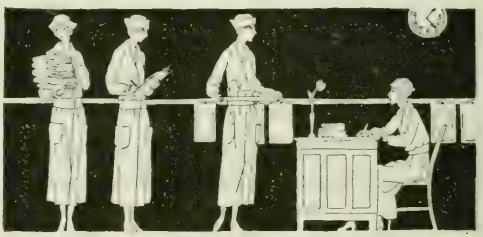

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

At the Toronto General Hospital, March 9th, the regular monthly meeting of the Memorial Committee was held, it being a joint meeting of that committee and its Business or Advisory Committee.

Mr. Larkin presented a letter, just received from the Minister of Public Works, confirming another letter received a few days previously from the Prime Minister. These letters agreed to the nurses' request for a site for the memorial in the Hall of Fame of the Parliament Buildings, but this agreement is subject to certain conditions. Mr. Larkin and Mr. Cleveland explained these conditions very clearly, as follows: It is the irrevocable intent of the Government to keep that hall for historical memorials, and allow nothing of an individual nature to be placed there. They had decided that no organizations would be allowed permission to put their memorials there, but finally granted approval of the scheme for the Nurses' National Memorial, following the suggestion that the history

of nursing was inextricably associated with the history of the Dominion, and that this memorial might assume an historical character. So the scheme has been approved in principle, but the Government must approve as satisfactory the full scale model of the memorial before allowing the work to proceed. If no design acceptable to them is forthcoming, the memorial cannot be placed in the Hall of Fame.

The contract outlining the conditions under which we are asking sculptors to submit designs was then discussed, as our Business Committee is anxious to see that the nurses are protected against paying unnecessary forfeits in connection with the competition, although it is essential that we make the competition attractive and worthy of the effort of the best talent. The discussion forced upon all a recognition of the difficult thing we are asking in seeking a design that will satisfy the nurses' purpose in this memorial, and also be acceptable to the Government. It was decided, at Mr. Larkin's suggestion, to have a legal opinion of the contract to make sure that there is no ambiguity about the terms. Clause 12 of the contract is to remain, but it is to be made clear that the $1,000.00 will not be paid if it is the Government that refuses the design.

The Business Committee suggested asking a committee of three to act as judges for the submitted designs. It was moved by Miss Dickson, seconded by Miss Browne, that the Business Committee should select these judges. The Business Committee will proceed at once to advertise the conditions of the competition, and it is hoped that they may now be able to estimate more nearly the cost and set a new objective. This information will be sent immediately to the several provinces.

The treasurer's report was as follows:

Balance in Bank, January 4th		$27,565.46
Receipts—		
Ontario	2,352.58	
British Columbia	699.00	
Manitoba	348.96	
Nova Scotia	195.98	
Saskatchewan	150.00	
Alberta	26.20	
Quebec	10.00	
Exchange on December cheque	1.50	
Balance in bank, March 6th		$31,346.68

KETHARINE L. DAVIDSON,
Treasurer.

GENERAL CORRESPONDENCE

Miss Amy MacMahon, of Charlottetown, wrote resigning her position on the National Committee, as distance made it impossible for her to attend.

A satisfactory report from British Columbia showed persistent activity in the raising of funds.

Committee Meetings

It was decided that further meetings of the committee should be called when necessary, rather than adhere to the present monthly meetings, as the future work of the National Committee may assume a somewhat new character.

We hope that the report of this March meeting will be a great source of satisfaction to the provincial committees, and to the nurses generally. At last we have permission for the use of the site in the Parliament Buildings, and, knowing the form that the memorial is to take, the Business Committee can proceed to estimate the cost, and so a definite objective can be arrived at—an objective which we hope will be lower than at first stated. The National Committee hopes soon to have a report as to estimated costs from the Business Committee, and this information will be forwarded as rapidly as possible to the provinces.

E. K. Russell, Secretary.

Modern Technique In Treatment

In the course of a series of articles published in the *Lancet,* on "Modern Technique in Treatment," T. Izod Bennett, M. D. (Lond.), M. R. C. P., discusses the treatment of whooping-cough, from which we quote as under:—

THE TREATMENT OF WHOOPING-COUGH

Prophylactic Treatment

1. *Isolation.*—Every case of whooping-cough should be immediately isolated and kept away from uninfected children for two months, or for fourteen days after all paroxysms have ceased. Parents should be instructed as to the infectious nature of the disease, and particularly of the enhanced risk of infection when a healthy child is in contact with an infected one in a confined space. For this reason while the paroxysms last, and for fourteen days later, infected children should be excluded from schools, clinics, omnibuses, trains, and trams. It may be desirable to get such a child away to the seaside or country, but precautions, such as a special carriage, which can afterwards be discarded, should be taken. Particular care must be exercised in detecting and isolating those mild cases which often escape diagnosis; as a general rule, any child with a chronic or paroxysmal cough should be regarded as a case of whooping-cough if another member of the family is known to be affected with the disease. This rule applies especially to infant welfare centres, creches,

and infant schools which, in the absence of strict precautions, may readily become converted into breeding centres for disease.

2. *Immunisation.*—In the case of particularly delicate children, children with incipient tuberculosis, or the children of very anxious parents, an attempt to confer some degree of immunity may be made by giving a series of injections of vaccine. . . . The parents must be warned that immunity cannot be guaranteed, but that such treatment affords reasonable hope of minimising the attack and preventing dangerous complications.

General Treatment

1. *Hygiene.*—Exposure to severe weather must be avoided, but in uncomplicated cases there is no doubt that paroxysms are less frequent in the open air or in well-ventilated rooms than in hot and stuffy rooms. Dust and smoke even in minimal quantities may excite coughing, and provided that chill be avoided it is better that the child's temperature-regulating mechanism be exercised by adaptation to mild changes of temperature, than that his delicacy be increased by a perpetual artificial warmth. When going out of doors such children should be well clad, mothers should be discouraged from allowing them to have legs, arms, and necks exposed as they often are with modern clothing. At night flannel pyjamas afford a protection to the restless child who is apt to throw off his bedclothes.

2. *Dietetic.*—Nothing is more important in the treatment of whooping-cough than the diet. The disease is a serious one, involving considerable physical exertion on the part of the patient; recovery cannot take place for some weeks at least, and at any moment complications may arise during which a few grammes of energy-producing food reserve may turn the scale in the patient's favour. For these reasons it is the duty of the medical attendant to see that the food-intake is adequate.

It is always risky to change the diet of a healthy infant, it is even more risky in the case of a sick one. If a baby has been thriving on any particular food up to the moment of infection, it is not practicable that a change will be for the better, but a change in the time of feeding may be advantageous. The giving of food to a baby or a child with whooping-cough often provokes a paroxysm: this makes the patient unwilling to feed, and frequently leads to the vomiting of that part of the meal which has already been swallowed. It is, therefore, better to give a feed about ten minutes after a paroxysm, at which time it will usually be comfortably retained. In the case of babies, the feed should be given after the first paroxysm occurring subsequent to the normal hour of feeding; if vomiting and loss of weight are taking place, the intervals between feeds should be decreased, and the bulk of food at each feed diminished. With older children large meals must be avoided, and fluid foods such as milk, soups, etc., given between meals, the period following a paroxysm being chosen for each meal or feed.

3. *Record of Progress.*—The best record of progress in any case is given by a chart showing the number of paroxysms occurring each day. Mothers should be trained to make a note of each attack of coughing from 8 a.m. until 8 a.m. on the following day. In this way the practitioner can keep a chart which will give him a reliable index of progress.

Vaccine Treatment

Vaccine treatment in whooping-cough, whether prophylactic or curative, is logical and harmless; it is not at present possible to say that it is invariably beneficial. I recommend it especially as an aid to the prevention of pulmonary complications.

After Treatment

With the exception of measles, no disease is more likely to be the forerunner of tuberculosis; convalescence should, therefore, be carefully supervised, and whenever possible a change of environment to a mild, sunny climate should be secured for a time. Iron and arsenic, alone or together with malt extract, are of value at this stage. Persistent infections of the naso-pharynx should be attended to, and the general resistance of the patient improved to the utmost extent by careful hygienic measures and a diet containing abundance of vitamins and lipoids.

—*The British Journal of Nursing.*

HOSPITAL FIRES

It is startling to learn that, during 1919 and 1920, 870 fires occurred in institutions classified as hospitals, asylums and sanitariums—an average of more than one fire a day in that type of institution. If any structures should be properly protected, those in which human beings lie incapable of self-protection should be given first consideration. Amongst the causes of fire in these institutions were, first, sparks on the roof; second, defective chimneys and flues; third, lightning; fourth, heating installation; and fifth, electricity. These etiologic considerations point the way to prevention, but there are further special considerations which apply to hospitals. The height of hospital buildings is a matter for concern; ambulatory patients should be placed on the higher floors, the lower floors being reserved for those completely bedridden. In every hospital there should be located fire alarm boxes for prompt notification in case of fire. Volatile liquids which are easily inflammable should be handled with caution. Chemical extinguishers should be easily available and a fire drill for the employees should be a regular experience. "When it is realized," says the National Board of Fire Underwriters, "that most fires are preventable, and that there are none too many hospitals, it seems a pity that large sums must go annually toward replacing what might have been conserved for further usefulness."—*Journal of the A. M. A.*

Cost of Nursing Schools

In presenting the report of your sub-committee, the chairman wishes to explain that this sub-committee was appointed by the Committee on Education to study the question of state or municipal aid for schools of nursing. This sub-committee made no appreciable contribution to this question and was more or less inactive until the suggestion was made by the Committee on Education that, first of all, this sub-committee should make an effort to discover the cost of nurses' schools under the present plan in order to have some definite basis for requests for appropriations from state or city and from endowments.

It is unnecessary to explain to this group the difficulty your committee has had in reaching any accurate conclusions, as in nearly all institutions the expenses of the hospital and of the school are so entwined that it is impossible to separate them. We can only present for your consideration our findings as briefly as possible.

We have used for a basis of this report the answers to a questionnaire which we sent, early in May, to 100 schools for nurses and to twelve schools for girls of the junior college grade. We selected these junior colleges because they maintained dormitories. The nurses' schools were selected from a list of accredited schools, and, with four exceptions, the questionnaire was sent only to those schools which state that they require a high school diploma for entrance. The schools were selected from every state in the Union, as this is a national problem and not a local one. From the twelve schools for girls we received three replies, but no information. One frankly stated that it was not at liberty to give any information; another questioned the value of any information which it might be able to supply; and the third wrote that it could not give such details as were requested if its life depended upon it. It is quite evident that some other method must be used to secure information from that source.

Of the questionnaires sent to 100 nursing schools, 43 replies were received, as follows: Washington, 2; California, 4; New York, 3; Massachusetts, 3; Michigan, 2; Wisconsin, 1; New Jersey, 1; Illinois, 5; Oregon, 2; Connecticut, 2; Pennsylvania, 2; Missouri, 2; Wyoming, 1; Indiana, 3; Nebraska, 2; Iowa, 1; Maryland, 2; Mississippi, 2; Arkansas, 1; Vermont, 1; New Hampshire, 1.

Of the 43, seven answered by letter stating that it was impossible to give any information, usually because no separate account was kept of school expenses, or they did not have the time to give the question. The seven were from the following states: Wisconsin, 1; Michigan, 1; Massachusetts, 1; New York, 1; Washington, 1; Minneapolis, 1; Maryland, 1. This reduced our replies upon which this report is based to 36, representing 19 states.

The questionnaire was subdivided into four parts: enrollment, income, expenses, and estimated value of student to the hospital. All

estimates have been made on a yearly basis. In this report no account is made of the fact that appropriations are made either by the city or county, unless a specific amount is paid for the purpose of the school.

Enrollment—Only eight of the 43 gave the number enrolled in their school. Therefore, it has been difficult to decide upon any per capita basis, although your committee has attempted to do this wherever possible.

Income—Twenty-two of the schools depend upon the hospitals entirely for support, having no other source of income, although one explains that money earned by the student nurses on special duty is used in the school. Two schools report a University School for Nursing in connection with the State University, but the appropriation is through the hospital and no specific amount stated for use in the school; one, an appropriation of $20,000 for the school of nursing by the state; and one, that the university and hospital divide the expense of the school. Three schools report donations in addition to income from the hospital; two report registration fees or tuition; one, income from donation, endowment, and registration. One school receives appropriation from the county for nursing service and has, in addition, registration and class fees.

Expenses—Advertising to secure students varies from $50.00 to $1,700.00. Seven schools report having membership at $500.00 in one of the several councils to advance nursing education; others advertise in newspapers, nursing journals, church and high school publications; others send return postcards, announcement cards and personal letters to physicians, ministers and members of the alumnae. Still others send out special pamphlets, but few of these are able to give accurate statements concerning the cost. The expense of the school prospectus varies almost as much, from $40.00 to $600.00. Other printing, which would include all record forms, all applications, physician, dentist, and school credentials, as well as school stationery, is variously estimated from $10.00 to $900.00. The fact that the largest estimate is from a school which keeps its accounting entirely separate from the hospital makes one question the accuracy of smaller estimates. Postage and clerical workers might be dismissed in the same manner, as it seems to be the exception in the average school (based on these 36 replies) for a separate account to be kept for postage, or for the office of the nursing school to have clerical assistants belonging to it. In the larger schools (over 100 students) this provision is made at an expense of from $75.00 to $125.00 monthly. No estimate is placed upon the cost of personal interviews of prospective students, as this is usually done by the superintendent of nurses, and, as her day is never limited to definite number of hours, it seems a simple matter to disregard the expense of this item.

Recreation—One school reports a basketball court, one a swimming pool, and three a gymnasium, at a cost of upkeep of about $50.00 per year; another reports a social director at a salary of $1,200.00 per year. Others report a dancing class, at $50.00; nineteen tennis courts, with a

first cost varying from $300.00 to $1,000.00, and yearly upkeep from $50.00 to $100.00. All 36 have pianos, varying in number from one to three, costing from $500.00 to $1,000.00, with a yearly upkeep from $10.00 to $60.00 for repairs and tuning. Twenty-four have one, four have two, and two have three victrolas. Twenty-one pay the cost of all parties, varying from $5.00 to $50.00 for each party. Two more pay for the refreshments, but do not pay for special music. Two pay for a general party only. As several stated the cost of party exclusive of refreshments, it is impossible to make any per capita estimate.

Maintenance—The living quarters, as reported, are very attractive, having modern halls and dormitories, with all facilities for comfortable living. Two report cafeteria service in the dining-room, a few stress the fact that waiters are employed for the dining-room service, but the others are silent on the subject. The cost of maintenance, exclusive of heat, light and water, but including board, room and laundry, is estimated as follows: $30.00, $35.00, $37.00, $45.00 and $48.00 per month; one at $1.50 per day.

Uniforms—Of the 36 schools, 14 do not furnish uniforms; 13 answer in the affirmative, but do not give any idea of the cost per student, or the cost to the school. The average cost per student, per year, is $40.00. This estimate was made by figuring the cost of material and wages paid seamstresses, with the number of articles made each day—of course, taking enrollment into consideration.

Illness—All schools provide care during illness of students. Four report infirmaries especially provided for this purpose with a graduate nurse in charge, and one with a salaried physician at $180.00 per month. The other thirty give care in the hospital, at an expense varying from $2.15 to $6.00 per day. One school reports an expense of $1,500.00 for 45 students, $33.33 per student; another $1,000.00 for 42 students, $23.80 per student.

Allowance—No school pays for extra work done by the student. Thirteen give no allowance; three give an allowance, but do not state the amount; and one pays $3,394.61 in allowance, but fails to give the enrollment; $5.00 per month is reported by two; two pay $8.00, two pay $10.00, one pays $15.00, one $18.00 and one $30.00; two pay $6.00, $8.00 and $10.00; one, $8.00, $10.00 and $12.00; one, $7.00 and $10.00; one, $8.00, $10.00 and $12.00; one, $10.00, $12.00 and $15.00; one, $5.00, $7.00 and $8.00; one, $250.00 for three years.

Education—Tuition to Affiliated Schools: Two report the paying of tuition to the university with which the school is affiliated, one the paying of tuition for a public health course at Teachers College and Henry Street Settlement, and one for a public health course at Simmons College. The other thirty pay no tuition to affiliated schools.

Cost of Instruction—Twenty-one leave the question unanswered, or are unable to make the estimate because this answers the one of supervision also; four report a cost of $1,200.00; three, between $1,200.00 and

$2,200.00; five, between $2,200.00 and $5,000.00; and three, over $5,000.00.

Cost of Supervision—Twenty-four fail to answer the question at all. Two come under $2,500.00, one at $3,600.00, five between $6,000.00 and $12,000.00, two at $18,000.00, and two at $30,000.00.

Text-Books—Twenty-one of the schools do not furnish text-books; eleven do, but give no estimate of the cost. One estimates cost at $125.00, one at $350.00, one at $675.00, and one at $900.00. Only one of these gives the enrollment, which makes an average of $9.00 per year per student.

General Library—Eight do not maintain a general library. Twenty-one answer yes, but give no estimate of cost of upkeep; the others range from $25.00 to $125.00 annually.

Reference Library—Only five do not maintain a reference library. Twenty-six make no estimate of cost; the others vary from $35.00 to $156.00.

All have made provision for classrooms and laboratories, although in many instances the general hospital laboratory is used for class purposes. No accurate estimate can be given for cost of either.

Breakage—Five charge cost of breakage; four do not answer the question. One asks a $5.00 deposit; five, a $10.00 deposit; and the others make no charge.

Graduation—Only fifteen makes any estimate of expense of graduation. These range from $20.00 to $1,600.00. One places the expense at $10.00 per capita. The others either fail to answer the question, or answer by "hospital pays cost." One charges for diplomas $2.00; the others give the diploma without charge; but only one states the cost, which is $1.00. All but three present the school pin without charge. Only two state the cost of the pin, which is $5.00 and $7.00, respectively.

In response to the question, "What percentage of salaries do you consider belongs to the hospital and what percentage belongs to the school?" twenty-three made no reply. Three think 50 per cent. belongs to each; one, 60 per cent. school and 40 per cent. hospital; one, 75 per cent. school and 25 per cent. hospital; and one, 80 per cent. school and 20 per cent. hospital. On the other hand, one thinks 10 per cent. belongs to the school and 90 per cent. to the hospital; two, 25 per cent. to the school and 75 per cent. to the hospital; one, 33.3 per cent. to the school and 66.6 per cent. to the hospital; one, 40 per cent. to the school and 60 per cent. to the hospital.

Value of Work of Student—In response to the last question, "What estimate do you place upon the value of the work of the student to the hospital? twenty-one do not answer the question; but of those who do answer, all but three express the belief that she is a liability through her probation. Two place her value at 25 per cent. of the graduate nurse—

one at $28.00 per month and one at $3.00 per week, based on the minimum wage scale of the state. During the first year her value increases from 33.3 per cent. to 50 per cent.; second year, from 50 per cent. to 75 per cent.; during the third year, from 75 per cent. to 100 per cent. Two express the opinion that no hospital can exist without a school; one, that the student nurses give value received, and no more, throughout the course; another, that during the second year she equals a graduate in value, and in the third year is better than a graduate.

The committee is indebted to our president, Miss Jammé, for the following study which she made by taking the figures of the students' maintenance for the University of California and the figures of the Industrial Welfare Commission as to the value of service. She has used for her basis a school of fifty students and a hospital of one hundred beds.

Figures Showing Cost of Maintenance and Instruction for Student Nurses, Based on a School of Fifty Nurses or Students

These are based on cost of room and board for college girls under average conditions; for laundry, when students may have facilities to do some articles and send out large pieces, such as nightgowns, uniforms and aprons; uniforms and upkeep of uniforms based on figures from hospital supplying uniforms; breakage and drugs are arbitrary figures, allowance is the average. Figures on instruction are based on the salaries of faculty, allowing a proportion of one-half for superintendent, for administration of school, and one-third for other officers. Full salary and maintenance of instructor is apportioned to school.

Maintenance—	Per Month
Board	$30.00
Room	10.00
Laundry	8.00
Uniforms—Upkeep	4.00
Breakage—Drugs	3.00
Allowance	10.00
	$65.00

Instruction— Salaries of Faculty:	Per Month	Pro Rata for School
Superintendent of nurses	$200.00	$100.00
Assistant superintendent of nurses	150.00	75.00
Night superintendent of nurses	125.00	50.00
Operating-room supervisor	150.00	60.00
Head nurses (two)	200.00	50.00
		$335.00

Proportion for each student		$ 6.70
Instructor's salary	$150.00	
Instructor's maintenance	50.00	
	$200.00	
Proportion for each student		4.00
Use of library and equipment, including depreciation		1.00
		$ 11.70

Students' Service in Hospital—Based on four hours a day of practice work in hospital during preparation period; eight hours a day during first and second years. Based on figures of State Industrial Welfare Commission—for apprentices at 25 cents per hour, semi-skilled workers at 35 cents per hour, more skilled workers at 40 cents per hour.

Preparatory Period—Four months, four hours daily; 25 cents per hour; per month, $48.00.

First Year—Twelve months, eight hours daily; 35 cents per hour; per month, $67.20.

Second Year—Twelve months, eight hours daily; 40 cents per hour; per month, $76.80.

Total cost during preparatory period	$306.80
Services valued at	193.00
	$113.80
Total cost during first year	$920.40
Services valued at	804.00
	$116.40
Total cost during second year	$920.40
Services valued at	921.60
Difference in favor of student	$ 1.20

The committee presents this report with but one conclusion, and that is the necessity of a better accounting system for our schools of nursing. Several have made the statement that an attempt was being made to separate the accounts. We sincerely hope that this questionnaire will stimulate others to do likewise.

Ada Belle McCleery (Chairman),
Effie J. Taylor,
Sub-Committee on Cost of Nursing Schools.

*This report of the sub-committee of the Education Committee of the National League of Nursing Education was given at Seattle in June, 1922. Reprinted from "The American Journal of Nursing."

—*American Journal of Nursing.*

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

In 1916, in order to become part of the Great British organization, the whole detachment in this area, which was up to this time registered at Ottawa as V. A. D. No. 2, formed Nursing Division No. 19. Over three hundred members enrolled in this division, and three other nursing divisions also formed in Montreal, and one in Sherbrooke—No. 24, 26, 38 and 12, respectively.

Strict discipline and regular routine of training was the lot of the V. A. D., and the young women measured up to the standard set by nurse and doctor, and, after months of very severe and trying times, they were rewarded by the highest praise from the A. D. M. S. of the district. The members were surprised and delighted to receive the first summons for overseas from the Joint Committee of the B. R. C. S. and Order of St. John in July, 1916. Fourteen went from Montreal with the first detachment, which numbered sixty in all, under the direction of Superintendent of Montreal Centre No. 19, Mrs. V. V. Henderson. They sailed on September 16th, 1916. The whole Dominion was represented, from Halifax to Victoria. As the Montreal members had been in hospital for over a year, they had the proud distinction of being sent at once to France, owing to the immediate need for more workers there. Five served in No. 5 Hospital and five in No. 8 Hospital in Rouen.

In 1917 three more detachments went over and two more in 1918.

During this time the V. A. D. members in Canada were also at work. In the influenza epidemic of 1918 they served both in the military Hospitals at Montreal and the barracks Hospital at St. John, Que., and nursed the sailors in port at the request of the Harbour Board in a hastily arranged hospital opened in the Catholic Sailors' Club. V.A.D. members supplied assistant nurses for the Military Hospitals Commission, Khaki League and C. A. M. C. They also managed canteens in the first school established for returned men, etc.

In 1918 came the formal acceptance of their services by the Canadian Government. The Women's Aid Department was modelled on the organization of the same name in England, and the District Superintendent of the St. John Ambulance Brigade had charge of all services of the voluntary aid, from the V. A. D. muscle function trainer, the masseuses and the general, clerical and domestic service sections, in fact all other services except that of the C. A. M. C. sisters. The students for Hart House, Toronto, who were training for muscle function workers and massage, were sent up on the recommendation of the Women's Aid Department.

Mrs. Henderson's account ends: "The sole drawback in the rapid progress of the development of the Women's Aid Department was that it was late in being introduced. In 1916 it would have been invaluable and a great economic advantage; but the cessation of hostilities, welcomed by all, cut short the new life of the W. A. D. However, the hospitals in Montreal and St. Anne's were staffed in several sections for over a year, and activities did not cease until January, 1920. Since then members of the nursing division have worked in the Red Cross Lodge, and are still, in 1921, engaged in the work of probationary nurses. Nearly seven years of continuous service have been rendered by young women who know the meaning of our motto, "Duty and Discipline." We have, in Montreal, placed on duty over two hundred members in the various hospitals and have sent forty-five overseas to serve in France, England and Egypt, and we have supplied our own military areas with every need for which a demand came to us from 1915 to 1920."

ILLUSTRATIVE LANTERN SLIDES

(A). *Origin of the English Langue of the Order of St. John.*
(For the origin of the Order itself see Lecture IV.)

Slide 295. Grand Priors of the Order of St. John in England in the past;
(a) Sir Thomas Docwra, who largely rebuilt the Priory, including the Gate House, in 1504. "At the Field of the Cloth of Gold he was appointed to ride with the Flag at the embracing of the two Kings".
(b) Grand Prior Sir John Kendal (1489-1501).
(c) Grand Prior Sir Richard Shelley (1566-1590).

Slide 296. The earliest known picture of the Priory Buildings of the hospital of St. John at Clerkenwell, showing the main building below, erected 1130 A.D., and restored 1530 A.D. by Sir Thomas Docwra, and above on the left St. John's Gate, erected at the same time.

Slide 297. The East Window of St. John Church at the Clerkenwell Priory. The central figure is St. John the Baptist, Patron Saint of the Order. To the left is Raymond Dupuy, Grand Master 1118 to 1160. To the right is St. Ubaldesca, a sister of the Order canonized for her charitable deeds. Died at Pisa, 1206. The two side panels contain eight medallions, each of which is a pictorial representation of a Scripture scene, which typifies one of the beatitudes. The upper part of the window shows figures

representing St. John, St. Andrew, St. Patrick and St. David. Below these a row of angels holding shields emblazoned with the arms and the principal English Priors of the Order.

Slide 298. (a) St. John's Church, Clerkenwell, Southside.
(b) Nave of the crypt St. John's Church.

(B). *Recent History.*

Slide 299. Memorial tablet erected to the St. John Ambulance men who died in the South African War, 1899 to 1902.

Slide 300. The competition trophies awarded by the St. John Ambulance Association for the best examination in First Aid.
(a) Trophy offered by the Canadian Branch of the Association.
(b) The Inter-railway Challenge Shield awarded in 1897.

Slide 301. Scene from the Thanksgiving service in London at the recapture of Jerusalem from the hands of the Turks. Service held in the Grand Priory Church on January 11th, 1918. The Processional wearing the robes of the Order with the large eight-pointed white cross on the left shoulder.

Activities During the Great War

Slide 302. Arms of the Joint War Committee of the British Red Cross Society and the Order of St. John of Jerusalem, showing the Red Cross Shield, and the Shield of the Order, the latter bearing the Lion of St. John in its four corners on a red ground with a white cross bisecting it from end to end.

Slide 303. Lady Perrot, R.R.C. Organized the St. John Ambulance Brigade Nursery Division for action in 1914, and Superintendent-in-Chief of the Brigade in England during the war.

St. John Ambulance Brigade Hospital

Slide 304. The Etaples Hospital area. Aeroplane view, showing the hospital of St. John in immediate proximity to No. 1 Canadian General Hospital and the large number of other units in the immediate neighbourhood.

Slide 305. The St. John Hospital at Etaples. General view showing tents and huts and beautiful location by the sea.

Slide 306. Surgical ward. Note the large circle on the bedspreads with red ground surmounted by a large white eight-pointed cross of the Order of St. John of Jerusalem.

Slide 307. The St. John Hospital after the air-raids of June, 1917. Showing an entire hut ward demolished. *

* These and succeeding slides are from photographs kindly loaned by Miss Edith Campbell, R.R.C.

Slide 308. The four devastated hut wards after the raid.

Slide 309. The Nurses Funeral at Etaples following the air-raids. A procession of Officers and Sisters proceeding towards the wide stretch to the cemetery.

(For further pictures of the air-raids at Etaples, Nurses Funeral Obsequies, see under No. 1 Canadian General Hospital above.)

(To be Continued)

Editorial

Helping the Hospitals

One of the progressive steps in Canada to help the hospital and the training school is shown by the universities in some of our provinces giving short courses or institutes for those engaged in either the administration of the hospital or the instruction in its school. Saskatchewan led the way last summer when a short course of two weeks, as a "feeler," was given at Saskatoon. This year McGill University and the University of British Columbia will extend this course somewhat and give a very helpful, if of necessity, one of short length. Where there is a nurse whose duties bring her into close contact with the difficulties of nurses all over our country, who are trying with no special preparation to fill the post of instructor and administrator, she can help much in bringing this matter to the attention of hospital boards, with a view of getting them to allow their executive officer and the instructor extra time for such a course. It would be the best investment possible, for the waste of time and energy used by the unqualified nurse in these positions is enormous. How to teach is quite as important as what to teach, and it is more than time that these hit-and-miss ways of running our institutions are stopped.

* * * *

National Conference on Education and Citizenship

All Canadian nurses should be interested in the coming conference on the above-mentioned subjects. It is gratifying to know that we are to be represented officially by the members of the C.N.A.T.N. Executive Council resident in Toronto, or thereabouts, and it is hoped that provincial associations may also have a properly deputed delegate there. The list of speakers and the programme as sent out to our provincial associations will show at once the great value of this conference, and a few moments' thought will convince us all of the need of just such a meeting. One cannot do better just in this page than to quote the following from Sir Michael Sadler, which it will be well for all of us, whether able to attend the conference or not, to take to heart:

"Initiation into a way of life is therefore a desirable, if not an indispensable element in a liberal education. Religion assigns their relative values to the various good things which a man may enjoy but must learn how to use. Education in its wider sense is therefore impoverished unless it has the directive guidance of religion and its help in discriminating between the worthy and the less worthy ideals of life. Life may become brutish and bleak without religion. And what is true of life is also true of education, because education is the accompaniment of life as well as a preparation for it."—Sir Michael Sadler.

Letter to The Editor

To the Editor, *Canadian Nurse*:

The fact that a deputation of women representing an influential woman's organization have proposed the training and licensure of midwives for Canada should be publicly considered by all the women of Canada, but more especially should it interest Canadian nurses. Personally, I am anxious to know what view other nurses hold regarding this issue. I ask the editor of our journal to bring this matter to the attention of the nurses. In my humble opinion, it is a consideration that requires serious study and close investigation; for, while it is true that Canada's infant and maternal death rate is seriously in excess of what it should be, it is doubtful as to whether the training and licensure of midwives will lower it. The first and one of the most important steps that should be taken in this matter is to find out by ballot just what per cent. of the women who were behind the deputation that convened at Ottawa would be willing to employ "said midwives." Surely what is good enough for one is competent to carry on with the other; consequently, if the women who endorsed the practise of midwifery represent only a fraction of the womanhood of Canada, and that fraction are only trying to obtain for their less fortunate sisters (less fortunate because of location and from a financial point of view) what they would not themselves make use of, in that case the least consideration we Canadians give the practise of midwifery, the greater service we will render womankind. On the other hand, if the training and licensure of midwives would prove a real and lasting benefit to the women and children of Canada, then we cannot have them in our midst too soon. But before we arrive at a definite decision, it might be wise for us to gather all the information we can on the subject. I desire to make a few implications, which I believe are pertinent, and, with the editor's permission, review my experience with maternity cases; also offer some suggestions by which this work could be enlarged or made to fit every maternity case in Canada.

Firstly, the modern and basic principal upon which medical, nursing and social science is founded is that, if we undertake to cure an ill or correct an evil, we must find out and treat the cause. The underlying reason why America's infant and maternal death rate does not compare well with New Zealand's, for instance, is not chiefly because American physicians and nurses are less competent than those of New Zealand; it is partly because a large per cent. of our American women have greater wealth, consequently less maternal instinct than the average mother of New Zealand. In order to verify this statement, we have only to remember the number of women who wanted, loved, breast-fed and cared for their own infants in 1870, as compared with the number of those who are

doing it in 1923. I use the words, wanted and loved, advisedly, for I do not feel that the average mother of 1923 is entirely to blame. Our present day hospital methods of caring for babies is in some measure responsible for a considerable amount of failure in regard to the breast feeding of infants. Those who doubt the veracity of this statement should verify it by comparing the percentage of private hospital cases who continue to successfully breast-feed their infants with the percentage of cases cared for by a district or a visiting nurse service. It is quite true that the mother and the infant in hospital can be well trained to a regular schedule of feeding; but it is equally true that a large percentage of mothers who have their babies with or near them, some of them actually caring for them, can also be trained. It is some time since I disabused my mind of the idea that a mother had to be in one room and a babe in another before either of them could be brought to realize the benefit of the doctor's orders. Covering a period of approximately two and a-half to three years, 1920 to 1922, I assisted at over seventy-five confinements. Over fifty per cent. of these were primciparas, and four of the seventy-five babies arrived before the doctor. Forty out of seventy-five cases were cared for after the confinement on a visiting service; on thirty of the remainder, subsidiary nurses who worked under my supervision were placed. The remainder were cared for by graduate nurses. The confinements were in all types of homes and represented people of various nationalities, including Canadian-born, Jewish, Italian, one Greek, one Chinese, one Spaniard and one French mother. On almost all the cases where the sub-nurses were placed there were other children in the home, or else no person who was capable of attending the patient under instructions given by a visiting nurse. In a number of cases the husband had to assume full responsibility, other than what the visiting nurse assumed. The infant mortality in these cases was 6¾%, or five out of seventy-five cases. Two of these were still-born, two died at birth, and, unfortunately, both these were for the same doctor. The fifth infant, the child of a returned soldier, died in its fifth month from infection of indefinite origin. There were two bad cases of specific ophthalmia neonatorum, both of which were treated successfully.

The maternal mortality was one in seventy-five, and unfortunately that mother left eight children. She had been found in an unconscious state following serious haemorrhage in the fifth month of her ninth pregnancy. The birth was normal in every way; death was due to shock, following loss of blood. Regarding the post-natal care of the mothers and the health of the babies, I examined the charts of almost every case, only two of which recorded a rise of temperature of 99⅘ degrees; 65 per cent. of the others registered normal throughout. On only one case was it necessary to catheterize, and that on one occasion. The infants were all breast-fed successfully as long as we attended the cases, and while we regret that we are unable to report the condition of the babies at the age of one year, lack of financial support, not inability to handle the situation,

is the cause of this omission. That lack and the need of compulsory registration of all women employed as nurses, not the need of midwives, is the real reason why every mother in Canada is not well cared for during her confinement. On the other hand, many mothers who employ the services of hospital specialists (physicians and nurses) are unable to breast-feed their infants because they are not allowed to love and mother them as they would like to. During the years I have spent supervising the work of subsidiary nurses, we have a record of no mastitis or breast abscesses in our home cases. We have certain knowledge of a number in our follow-up work of hospital cases. I am fully aware that many district nurses are successfully caring for more maternity cases than I. It would be interesting to hear from some of these, also to find out their views *re* midwifery. The majority of us would undoubtedly do better work if we had a midwife's training; but is there not grave doubt *re* the advisability of specially trained women who are not nurses? My experience with some of those who have been trained elsewhere (other than nurses) does not lead me to hope for much from women who would be willing to take a training that covered only that work.

I thank you for space allotted me.

Yours sincerely,

M. A. Gibson, R.N.

CARE OF FIRST TEETH IMPORTANT

Few parents pay any attention to their children's first teeth. The belief is that, as these teeth fall out anyway, there is not much use bothering with them. This sounds like common sense. But unfortunately it does not work. A decayed first tooth is likely to transmit decay to its successor. Lack of care of the first set of teeth is apt to result in more dentistry on the second set than would otherwise be necessary.

—Miner C. Hill, M.D., in *The Health Builder* for November.

The World's Pulse

By Elizabeth Robinson Scovil

Traffic in London

Some interesting figures of the number of travellers carried in London in the last year have recently been issued. The number was 1,573,000,000. Of these the omnibus carried 847,000,000. The first cab appeared in the streets of London in 1823, just a hundred years ago, and the hansom, invented by John Aloysius Hansom, in 1834. These are rapidly being superceded by taxicabs.

The Jenner Centenary

In connection with the celebration of the hundredth anniversary of the death of Dr. Jenner, the discoverer of vaccination, there have been exhibited in England a picture of Dr. Jenner vaccinating his son, and a hair from the tail of the cow which furnished the first dose of vaccine. The discovery is said to have saved at least a hundred million lives.

Wireless Valve

A new valve for use in long distance wireless work has been perfected which may render unnecessary the huge generating stations at present used for communications across the Atlantic. It is thought it may pave the way to a wireless apparatus of undreamed of simplicity.

Pharoah's Tomb

The opening of the tomb of Pharoah by the Egyptologists, Lord Carnarvon and Mr. Howard Carter, after it had been undisturbed for about 3,500 years, has excited great interest. One of the theories is that Tutankhamen was the Pharoah who oppressed the Israelites. In an inscription at Karnak he states that he conducted great building operations and made extensive use of foreign slaves, which corresponds with the Biblical account of the brickmaking and the taskmasters.

The Future Duchess of York

The betrothal of Prince Albert, Duke of York, and the Lady Elizabeth Bowes-Lyon, daughter of the Earl of Strathmore, has excited great interest throughout the Empire. She is described as small, with a very neat figure. Her dark hair is worn parted in the middle, with a fringe on the forehead. She has a beautiful complexion, and deep blue eyes, thickly fringed with black lashes. She possesses "that most excellent thing in a woman," a low-toned, charming speaking voice. Her chief charm is her particularly happy, radiant expression. She is high-spirited and clever, rides to hounds, is a keen tennis player, dances exceptionally well, loves reading and music, and dresses charmingly in a picturesque style.

Projected Trans-Atlantic Flight

Edward R. Armstrong, a noted Philadelphia engineer, aviator and inventor, has just completed plans for a passenger service across the Atlantic, by which the flight will be made in thirty hours, and to be an accomplished fact in 1926. He proposes to construct eight gigantic stations, 12,000 feet long and 400 feet wide, having a platform of eleven and a-half acres, on which the seaplane will alight. These will be anchored at intervals of 400 miles across the Atlantic, and stabilized by a special invention which will prevent their rolling and pitching as now the steadiest ocean steamer does. There will be complete radio-telephone and wireless-telegraph receiving and broadcasting stations, a meteorological bureau, airplane repair ships and with accommodation for over-night guests. Between stations huge buoys, one every fifty miles, illuminated at night by acetylene gas, will mark the course. Each plane will carry from twenty to thirty passengers, two operators, and mail and express equal to one-half the total passenger load.

Great Britain's Debt to America

"The Gentleman With a Duster," who so scathingly dusted the "Mirrors of Downing Street," has written in *John Bull*: "America, unwilling to lend money to France in the security she could offer, lent it to Great Britain on sound security at five per cent. Great Britain lent it to the Allies at her own risk. When we pay America, we pay for France, Belgium and Italy. Our children will not be ashamed of this debt. We can soon discharge this most honorable obligation if we rid ourselves of the lunatic delusion that we have dropped to a second or third place among the nations. We are still easily the first. Those most capable of carrying on the British genius for world trade say that revival is in sight. The future belongs to the three thorough nations — Great Britain, Germany and China. The British Empire is the only one that is wholly self-sufficing and capable of illimitable development."

Honors for an X-Ray Victim

Dr. Charles Vaillant, of La Riboisere Hospital, who lost both arms from injuries incurred in the use of X-rays during the last twenty years, was given honors unique in history at the Hotel de Ville, Paris. He received the Cravate of the Legion of Honor, a rare honor for a civilian; the Carnegie hero medal, and the gold medal of the City of Paris.

The Largest Pyramid

It is stated that the Egyptian pyramids are not the largest in the world. The monument desiring this distinction is at Cholula, an ancient town in the State of Puebla, Mexico, covering 45 acres of ground. The largest pyramid in Egypt, that of Cheops, belonging to the Gizeh group, covers 13 acres, but even this contains 90,000,000 cubic feet of stone.

Three may keep a secret, if two of them are dead.—Franklin.

News from the Medical World

By Elizabeth Robinson Scovil

Hospital Standardization

The *Journal of the Missouri State Medical Association* says that attempts are being made by the Laundry Owners' Association to standardize laundry practice. The purchase of supplies has been standardized by the New York Bureau of Standards and Supplies and by the hospital councils. The intern problem is being standardized by the American Medical Association, floors and surgical dressings by the American Hospital Association, social service by the American Association of Social Workers, and nursing by the various nursing organizations. The American College of Surgeons is trying to establish standards for the more perfect functioning of a hospital as a whole.

A Japanese Embassy

Six Japanese doctors, including the chief surgeon and professor of surgery in the Tokyo Charity Hospital, are to visit the United States, as guests of the Rockefeller Foundation, for the purpose of studying American and Canadian medical institutions and methods. They will be in Montreal and Toronto.

Goat's Milk

Goat's milk is pure white. If milked under hygiene conditions, there is no pronounced odor nor taste. There is essential chemical difference between the casein in the milk of the cow and the goat; the latter may be modified for infant feeding. The fat globules rise slowly, and in most cases there is no cream, so it cannot be skimmed. A good common goat yields about two quarts of milk a day, a good pure-bred Toggenburg from seven to eight quarts. Goats are practically immune to tuberculosis. It is thought to be higher in antiscorbutic qualities than cow's milk. If aseptically obtained, it is the most suitable substitute for breast milk.

Insulin

In an interesting report on the use of insulin in a large hospital in St. Louis, it is stated that the glycosuria in diabetis millitus cleared up very rapidly; if it was stopped the glycosuria returned. The acetone excretion fell rapidly. In one case the patient was brought out of diabetic coma and was still alive, the urine being free from acetone. No case of diabetes had been encountered which would not go into nitrogen balance under insulin. An overdose has been fatal to rabbits and other animals. The antidote is glucose; with its use rapid cure follows insulin poisoning. It is used by subcutaneous or intravenous injection twice a day, or before each meal. Some physicians give one dose daily, an hour before the noon meal. The amount given depends on the quantity of sugar in the urine, one unit equalling two grains of sugar.

Frozen Milk

It is stated that not infrequently vomiting and diarrhoea follows the feeding of an infant with milk that has been frozen. In freezing of the water the emulsion breaks and the fat is separated. When the milk thaws the fat globules coalesce and form a thick layer of butter-fat, which may cause gastric and intestinal disturbance. It should be thawed slowly in a cool room, and should be boiled before being used in the feeding mixture.

Pasteurization at Home

Place the milk in the inner part of a double boiler, with cold water in the outer vessel. Heat the water to 160 degrees F., and allow the milk to stand in the double boiler in a warm place for twenty minutes. Then cool it rapidly in a good ice chest, where it should be kept until it is heated again for feeding. If individual bottles are used, place them in a pail, add water to above the level of the milk in the bottles and heat to 160 degrees F. Remove the pail from the stove, cover and keep in a warm place for half an hour. Cool in the ice chest. The bottles should be properly stoppered.

Public Health Report

A comparative table, issued by the provincial officer of public health in Ontario, shows a remarkable decrease in the number of cases of smallpox and other communicable diseases. Scarlet fever and diphtheria show a falling off. Whooping-cough has increased; in January, 1922, there were only 89 cases, while the same month this year 376 cases were reported. Influenza was prevalent in Toronto. Venereal diseases of all types show a downward trend.

Death of Roentgen

The death of Professor Roentgen, the discoverer of the X-rays or the unknown rays, occurred in February. He was born in March, 1845, at Lennep, near the Ruhr district. His great discovery was made at Wurtzberg in 1895. He was 78 years old at the time of his death.

Unnecessary Anxiety

Many persons feel great anxiety unless there is a daily evacuation of the bowels. A writer in a medical journal says the colon is made to be a garbage can; its walls and mucous surface are prepared by nature to take care of fecal matter, without harm to themselves or the body. The function of this part of the intestine is not one of absorption, so that a moderate amount of retention does not harm.

No life is fully balanced without a hobby of some kind.

Lord Burnham.

Public Health Nursing Department

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Quebec
Miss Elizabeth Smellie,
46 Bishop Street,
Montreal, Que.

Ontario
Miss E. H. Ryke,
Department of Public Health,
Toronto, Ont.

Manitoba
Miss E. J. Wilson,
798 Grosvenor Avenue,
Winnipeg, Man.

Saskatchewan
Miss Cora M. Keir,
c/o Y.W.C.A.,
Moose Jaw, Sask.

Alberta
Miss K. S. Brighty,
c/o Provincial Dept. of Health,
Edmonton, Alta.

British Columbia
Miss M. McLean,
3151 Second Avenue, West,
Vancouver, B. C.

All public health nurses will be interested in the list to be found in the C.A.N.E. section of this publication of special courses for nurses available in Canada. In addition, the following short courses are under consideration:

New Brunswick—"We hope, in the near future, that such a course (public health nursing) will be given at the health centre in St. John." (Quoted from a letter from Miss Murdoch, president of the N. B. A. of G. N., dated February 14th, 1923.)

Manitoba—An extension course for public health nurses is given during December of each year.

"There is a possibility of a short summer course for nurse teachers and administrators this year." (Quoted from a letter from Miss Martin, president of the Manitoba A. of G. N., dated February 9th, 1923.)

Saskatchewan—"We are trying this year to arrange a similar summer course (i.e., teachers and administrators for the training schools), which will also include work for private duty and public health nurses." (Quoted from a letter from Miss Simpson, president of the Saskatchewan Registered Nurses' Association.)

Ontario (Toronto)—We may have a refresher course for public health nurses of previous training and experience. This would probably last four weeks and be given in June.

Mental Hygiene from the Standpoint of a Social Nurse

The Canadian National Committee for Mental Hygiene, whose headquarters are at 703 Blumenthal Building, 207 St. Catherine St., W., deals with all cases who are a problem to the other social organizations of Montreal. These problem cases are those dealing with unemployment, illegitimacy, prostitution, the backward and nervous child in the school, the juvenile delinquent, the wayward boy and girl, persons who require a change of environment, owing to the presence of mental abnormality in the family, cases for deportation, persons who have to be committed to mental hospitals, and the vast problem of the feeble-minded child. All these persons are examined, not only from the mental, but also from the medical standpoint.

Activities of the Committee

Psychiatric Clinic.—This clinic was organized in March, 1919, in connection with the Royal Victoria Hospital. It is held every Wednesday afternoon, at three o'clock. The staff consists of four physicians, one psychologist, two social workers and one stenographer.

Chief Agencies Using the Psychiatric Clinic.—The Family Welfare Association, Society for Protection of Women and Children, Women's Directory, Canadian Patriotic Fund, Montreal Children's Bureau, Catholic Social Service Guild, Federation of Jewish Philanthropies, Institution for Epileptics, Committee of Sixteen, Girls' Cottage Industrial School, Montreal General Hospital, Royal Victoria Hospital, Western Hospital, Children's Memorial Hospital, Montreal Maternity Hospital, Montreal Foundling and Baby Hospital, Protestant Public Schools, Travellers' Aid, McKay Institute, Y. W. C. A., Settlements, Protestant Orphans' Home and other institutions, etc. Many cases are also referred by private individuals and physicians.

Method.—A form is supplied to all interested agencies, and is also available on application to the office at 207 St. Catherine St., W., which is to be filled out and brought with the patient to clinic. The patient

receives both a mental and medical examination. If physical defects are found, the patient is referred to the Social Service Department for treatment. A report of findings is forwarded to the agency referring the case. A visit is paid to the patient's home, as soon as possible after attendance at clinic, and a complete history is made from this investigation, with the aid of information obtained from the report given by those who have referred the case. This is typed with a copy for the Psychiatric Clinic and one for office reference, and the Confidential Exchange is notified.

Ideal.—The ideal of the committee is to keep in touch with all their cases by close follow-up, as long as it is felt there is any necessity for visiting, endeavoring to improve the condition of the patient both mentally and physically, in view of ultimately supplying the ideal surroundings and occupation suitable to their particular case.

Institutional Work.—Arrangements are made for commitment to mental hospitals by the committee, but they are handicapped by the lack of institutions for the feeble-minded and psychopathic hospitals, this lack giving them considerable unnecessary work and anxiety.

Value of Clinic to McGill University.—All the modern medical schools to-day recognize the importance of giving their medical students a thorough foundation in the study of mental problems. In this connection the Psychiatric Clinic is performing splendid service, as it is the only means, until we secure a Psychopathic Hospital, of demonstrating to the students the various social problems in which the mental condition of the patient has first to be considered before a final solution can be found.

Survey of Schools.—A survey of eight Protestant Public Schools in the City of Montreal, with the result of one special class for backward children having been established in Alexandra School. This is only a beginning, and we hope more classes will follow.

Survey of Institutions.—The children in the following institutions have been mentally examined: Ladies' Benevolent Institution, Protestant Orphans' Home, Protestant Infants' Home, Day Nursery, Boys' Home, Belmont Boys' Home, Sweesburg, Boys' Farm & Training School, Shawbridge, School for Crippled Children and the Presbyterian Home.

Juvenile Court.—The committee has undertaken to examine all the non-Catholic boys and girls brought before the Juvenile Court, and these cases are followed up by the Probation Officer, who is also a part-time worker of the committee. She is greatly assisted in this work by the Juvenile Court Committee for non-Catholic cases.

Problems of the Committee

The work of the committee has grown to such large proportions that it is now being considerably hampered by the lack of a psychopathic hospital, where the early cases might be studied, of an institution for the feeble-minded and an adequate number of social workers.

It must be understood that the committee does not deal with the problem of the feeble-minded, only. Their work, as has been previously stated, embraces the problem of the unemployed, the backward child in the school, the relation of the employee to the employer, and all those borderline cases of mental abnormality which, if treated early, can be prevented from being sent to a mental hospital.

In connection with the Juvenile Court, I will cite a few examples to illustrate the case of juvenile delinquency. To illustrate the point of the unsatisfactory disposal of cases, due to the lack of facilities to deal with them, we will give a brief history of the case of an immoral girl of 14 years of age, who had not attended school since she was seven years of age, and had been in several situations, but had not made good. She was brought to the court by her father on charge of desertion, with a history of late hours, sometimes staying out all night with only an unsatisfactory excuse of "staying with a girl friend." She acknowledged having frequently visited dance halls and moving picture shows, but quite emphatically denied having been in any way indiscreet. The report obtained from her parents, however, was of so serious a nature that it was felt that the girl was not telling the truth, and in response to her father's urgent request that she be examined by a physician, arrangements were made to have this attended to as soon as possible. The hospital report was as follows: Mental report, retarded; medical examination, distinct evidence of having lived an immoral life.

As there is no Protestant Home for immoral girls to which the court could commit her, she was placed as a voluntary case by her mother, through the help of the Probation Officer, in a small home for unmarried mothers, this being the only home which could take cases of that type. Two weeks after her admittance, she was impossible to control and insisted on returning to her home. The Superintendent of the home got in touch with the Juvenile Court, which was powerless to interfere. The girl is once more exposed to her former temptations.

The value of the Psychiatric Clinic to the Juvenile Court is that it showed the girl was merely "retarded," and not mentally deficient, and that under proper supervision she might respond to training and influence, and become a self-respecting woman, whereas one of a lower mental grade would more definitely be a case for permanent institutional care.

To emphasize the need of a home for the feeble-minded, we will quote the case of a boy of 16 years of age, with a mental grade of 9 years; a tall, overgrown chap, who was the leader of a gang of boys who made raids upon butcher and grocery stores, stealing money and produce. Investigations showed that the boy was a serious problem in his family; he was easily led and played with young children of his own mental age, over whom he could not have had a good influence. He had a poor school record, and mental examination showed him to be of imbecile grade. Ha was placed on probation, his parents planning to put him on a farm, but this solution of the case was not considered

satisfactory by the Juvenile Court Committee, as he was definitely a case for a feeble-minded institution. To place him on a farm was but a temporary precaution.

1. This article was written before the recognition of the G. C. I. S., Sweetsburg, by the Provincial Government. This institution is able to accommodate these cases.

We are continually faced with the tremendous difficulty of providing immediate care for cases of insanity. The routine of admittance to a mental hospital is of necessity so exacting, with its numerous forms to be filled out, five in all—one by a petitioner, a mental specialist, a clergyman, a clerk and the mayor, and those of the petitioner and mental specialist signed in the presence of a Justice of the Peace, with accompanying signature—that it may readily be seen the tremendous need for a psychopathic hospital, where a patient may be placed in the interim, thereby insuring the safety and comfort of the patient, the relief of mind to the physician, and last, but not least, inestimable relief to the minds of the family. The following case is one which will show our great need:

A middle-aged woman, who has been for several years a great burden to her family, owing to periodical outbursts of strange behaviour and persecutory ideas, suddenly decided to leave her home, but was fortunately brought by an interested friend of the family to a mental specialist. He pronounced the patient a paranoic, requiring immediate admittance to a mental hospital. The husband was sent for, and the commitment papers for petitioner and physician were made out and signed, but then ensued the difficulty of locating the clergyman to whom she was known, also the impossibility of having these papers made out and witnessed and forwarded to the mental hospital before the hour of closing, the rules of the hospital being that the papers must precede the patient for approval. The woman returned, with social worker, to her home, but, on seeing her husband, refused to remain, and the only alternative was to have her arrested and placed under the surveillance of the police. She settled herself down in a neighboring shop in which she was well known, the detective, who had been introduced as a friend by the social worker, watching outside. In the meantime a nurse had been engaged through the Society for Protection of Women and Children to be with the woman until the arrangements could be made for her admittance. The husband was in a very poor state of health, undergoing tremendous nerve strain, and his salary was small, which made the necessity for a trained nurse a serious consideration. All these difficulties might have been prevented if she could have been admitted immediately to the temporary reception ward of a psychopathic hospital, pending transfer to the mental hospital. As a matter of fact, it took five days before she was actually admitted.

Another interesting case was that of a woman seventy years of age, who was well known to one of the Montreal hospitals, where she had

been attending the Eye Clinic, suffering from incipient cataract of both eyes. She was referred by the Social Service department of that hospital to the Psychiatric Clinic, Royal Victoria Hospital, as she had been showing symptoms of mental derangement. The patient attended the clinic and was diagnosed as a case of senile dementia. The social worker investigated the case and found she was a widow, her husband having died last year, and that she was attempting to support herself by working by the day, but this had to be constantly supplemented by friends and the church deaconess. It was also discovered that she was engaged to a man of twenty-seven years of age (her first husband was thirty-five years younger than herself). The social worker visited the young man in question, who appeared to be of very low grade mentally. Arrangements were made to have him examined at the clinic, with the result that he was diagnosed as "imbecile," with a mental age of seven years. As he complained of a sore leg, he was referred to the medical clinic. A blood-test was also taken, which proved negative, and the condition was diagnosed "broken down varicose vein." Before any efforts could be made to prevent this most unsuitable marriage, the couple presented themselves at the Psychiatric Clinic and announced that they had been married a few days previously. They appeared to be in the most excited, childish state, giggling and coy. During the conversation the new husband produced for inspection a postcard photograph of his present wife, taken with her former husband. This happy state was short-lived, because the Outdoor Social Service Department was constantly being approached by both of them. The man, due to his mental lack, was unable to hold a position for any length of time, and the woman, being in a constant state of apprehension and anxiety about their financial condition, was distrusting her husband and feared that he might commit suicide, on account of worry over the fact of his unemployment. A case conference was called of the many social agencies, clergymen and private individuals who had for some time been working fruitlessly on this case, with the result it was decided the only possible course to pursue was that of placing them both in institutions who took care of their type. The husband was placed in Baie St. Paul, where they take care of imbeciles. The week previous to his being placed, he had slept in the woods, refusing the shelter offered by his brother. The wife was placed in Verdun. If this case had not come under the observation of the mental clinic, where it was definitely proved that it was their mental condition which had caused them to be such a serious problem to the community for so many years, they both might have continued to be a source of unnecessary work and anxiety to their family, church, community and social agencies, with the possibility of a tragic termination.

In connection with the Psychiatric Clinic, Royal Victoria Hospital, we have a large percentage of epileptic cases of all ages. The Psychiatric Clinic is in co-operation with the Montreal Industrial School for Epileptics, 12 Park Avenue, and cases found suitable are referred to the institute

for therapeutic reasons and to receive vocational training in basketry, bookbinding, weaving, etc. Unfortunately, there is no accommodation for epileptics requiring institutional care in the Province of Quebec. There is a hospital for epileptics in Woodstock, Ont., but *they* refuse to take any case outside of the province.

Cases brought to clinic have been found to be mentally deficient or insane, and likely to prove a public charge, in which investigation has frequently shown that they are cases for deportation, and in a number of instances these cases should never have been admitted to Canada. For years the lax methods at the port of entry have allowed a number of the undesirables to slip into the country. These methods, fortunately, have been greatly improved, the Canadian National Committee for Mental Hygiene having actively co-operated with the Federal Department of Immigration and Colonization, with the result that a large number of persons who would formerly have been admitted to the country have been rejected.

In following cases to their homes, the ideal social worker endeavors to obtain a pen-picture of the atmosphere of the patient's environment, the attitude of the family toward the patient, and as full a history as possible of the antecedents, patient's habits, mode of living, and early history of development, in order to give the psychiatrist a view of that side of the patient's life into which he cannot possibly enter through the medium of the clinic; she also, by these friendly visits, will win the confidence of the patient's family, thereby establishing a link between home and clinic which is invaluable in treating the case from a preventive standpoint.

I will quote from an article in *Mental Hygiene,* July, 1919, by Jessie Taft, Director, Department of Child Study, Seybert Institution, Philadelphia, in which she gives a wonderful ideal of the psychiatric social worker:

"It is difficult to list the personal qualities which render a candidate for the psychiatric course seriously undesirable, and it is extremely difficult to pass judgment in concrete cases. Perhaps, if we could draw a picture of the type of person who is born for the job, we should have a kind of form by which to measure our applicants.

The born psychiatric worker, as I see her, has to be a maternal sort of person, even if she is only twenty. She has to have a genuine liking for people and their troubles. It won't do for her to be at bottom cynical, carping and critical. She needs a warmth of spontaneity and wholehearted interest that render the making of good contacts simple, natural and inevitable. I am inclined to think that she ought to be a settled person, a fairly satisfied person, who has a philosophy of life which she has tried out and can pass on with conviction, and whose basic attitude toward life is a sober optimism. Without this, she will find it not so easy to throw her interest into the problems of every patient with perfect

objectivity. The restless, unfulfilled, seeking, pessimistic individual, cannot tear her attention loose from her own troubles long enough to manage other people's. Finally, the ideal psychiatric worker, like the old family physician, must be the person who has the strength to carry the patient, the poise which gives him confidence, the sympathy that means real understanding, the open mind which is always ready to try a new plan, the wisdom which allows the patient to work out his own salvation as far as he can, and the unending patience, which is the rock on which he depends.

"The personality that has strength and healing in its touch makes not only the great physician, but the great social worker. The student who combines such a personality with the intellectual ability to use it to the best advantage, or approximates such a combination, is a safe risk for our course in phychiatric social work."

IDA L. LAWRENCE,
Social Worker, Canadian National Committee for Mental Hygiene, Montreal Quebec.

BEING POPULAR

Learn to laugh; a good laugh is better than medicine.

Learn how to tell a story; a good story, well told, is as welcome as a sunbeam in a sick-room.

Learn to keep your own troubles to yourself; the world is too busy to care for your ills and sorrows.

Learn to stop croaking; if you cannot see any good in the world, keep the bad to yourself.

Learn to hide your aches and pains under pleasant smiles; no one cares to hear whether you have headaches, earaches, or rheumatism.

Learn to meet your friends with a smile; a good-humored man or woman is always welcome, but the dyspeptic is not wanted anywhere.

Above all, give pleasure; lose no chance of giving pleasure.

—*Nursing Times.*

SANITATION AND HYGIENE

In the battle of life, just as in actual warfare, there are two great forces brought into action—offensive and defensive. Sanitation may be compared to the former, and hygiene to the latter.

In sanitation we wage an active crusade against the germs of disease —we burn them with fire, we poison them with antiseptics, we demolish their strongholds of filth, and in every way actively pursue them to their death.

In hygiene we strengthen our fortifications and look after the well-being and equipment of the garrison, so that we can resist almost any attack.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Letter enclosed, with an outline of information about post-graduate training courses for nurses, to be sent to all our hospital training schools:
Dear Madam:

At the annual meeting of the C.A.N.E., held last July, a committee on scholarships was appointed with purpose to "encourage the establishment of scholarships for post-graduate work by the hospital boards."

Your committee understood that the word "post-graduate" was used in reference to hospital graduation, and that we were to seek scholarships for nurses who wished to add further special training to that received during the three years in the hospital. As far as we know, there is no post-graduate *hospital* course available in Canada, so that the call for scholarships relates directly to the university courses available for graduate nurses.

Your committee has corresponded with all of the provinces of the Dominion, and has arranged in the plan attached a brief summary of the courses which our universities have established for nurses. Most of these relate to public health nursing, as that was the field for which the hospital training gave the poorest equipment. Having met that emergency need, we hope that now our colleges may rapidly add special training courses for the other groups of nurses.

Your committee wishes to urge all training schools and nurses' associations to keep in touch with these post-graduate courses, and especially to see that the younger nurses are informed about them. May we also urge that every training school try to arrange for at least one scholarship, or to direct one student into a special training course. Thus can we strengthen the hands, and at last come to the aid of the small group of training school superintendents who have striven so long to advance the cause of nurse education.

Signed on behalf of the Committee:

E. K. Russell,
Convenor.

Special Training Courses for Nurses Available in Canadian Universities

Nova Scotia—Dalhousie University, Halifax. Public Health Nursing, seven months.

Quebec—McGill University, Montreal. (1) Teaching in Schools of Nursing, eight months; (2) Administration in Schools of Nursing, eight months; (3) Public Health Nursing, nine months.

Ontario—Western University, London. Public Health Nursing, eight months.

University of Toronto, Toronto. Public Health Nursing, eight months.

British Columbia—University of British Columbia, Vancouver. (1) Teaching and Administration of Schools of Nursing (part of five-year Hospital and College Course), seven months; (2) Public Health Nursing, seven months.

In each case the course starts at the beginning of the college year, which is either in September or in October. Full particulars as to length of course, date of registration, costs, curriculum, etc., can be obtained by writing to the university in which you are interested, addressing the letter either to the registrar of the university, or to the secretary of the nursing department.

At present scholarships are being given by such individuals or groups as the following: A Provincial Nurses' Association (e.g., Ontario, Quebec), the Alumnae Association of a Nurses' Training School, the Board of Trustees of a Hospital, an individual member of a Hospital Medical Staff, the Red Cross Society (provincial or local), the Victorian Order of Nurses, a Provincial Board of Health (e.g., New Brunswick), the C.N.A.T.N., and a Memorial Scholarship.

Usually the value of a scholarship ranges from $350.00 to $500.00 for the year. The bare cost of living and tuition for a student taking an eight-months' course in one of our larger cities is estimated to be about $600.00. The smaller places give a lower estimate. Some scholarships given by a hospital board of trustees include an arrangement by which the student is given her board in the hospital residence, and to this is added sufficient money to cover the tuition fees at the college.

N.B.—It will save confusion and disappointment if the donors of scholarships will ascertain in good time that the recipient is eligible for enrolment in the course which she has selected.

CORRECTION

The editor regrets that, in the March issue, a mistake was made in stating that Miss Grace Fairley was president of the C.A.N.E. Miss Mary Catton is president of the association.

NOTICE

The annual convention of the Canadian Association of Nursing Education will be held in Toronto, June 6th to 9th. Miss Dyke is convenor of the programme committee, and we understand an interesting programme is being arranged, which will be published in next month's magazine.

Instruction Course, McGill University

By Beatrice Watson
Royal Victoria Hospital, Montreal

Before commenting on our instructors' course at the school for graduate nurses, McGill University, it would be interesting perhaps to note its origin and purpose. It had been clearly realized by some of the leaders of the nursing profession in Canada that only in the far-distant West was any attempt being made to train women of purpose for the tremendous field of teaching that was opening both in the hospital centres and in the world without. Many of our women who had been inspired as leaders had left the Dominion to seek development along their various lines under other conditions. It was born to our few idealists that this was little credit to a growing nation. Accordingly the thought was originated and developed that no better place could be found than the most central university, whose duty it was to include among its students any of "The Youngest of our Professions" who could share in the advantages which it offered in culture and science. The nursing profession needed teachers and leaders, and, to conserve our forces, the training of these should be carried out in the Dominion itself. The seed sown on good soil speedily grew, and, with the ready co-operation of the leading hospitals, facing the problem of how best to impart to other students the fruits.

We found ourselves, a small band of workers from the more central hospitals, facing the problem of how best to impart to other students our own knowledge. We expected the University Course to augment the advantages of our previous training. We expected this, because the course had been organized for the purpose of stimulating or creating teachers, on a standardized basis, to go forth and lead our pupils to correct ideals in technique and ethics.

Most of the subjects carried in the course had been covered in our respective training schools—yet with a difference—the difference of presentation. In our hospitals, through practice, we had acquired a certain facility of technique. In the University Course we concentrated on the psychology of our students and learned to interpret the various forms of service from the individual viewpoint. Some of the subjects were new to students from our smaller hospitals. We believe, therefore, that the course will draw its members largely from these fields, because demonstration in scientific subjects is possible only in a large training school or university.

Some of us faced, somewhat resentfully, what we felt to be repetition. Our resentment was futile. We had no time for repetition. All we learned was engagingly new. The subjects were placed with ever-changing aspect. The days were all too short for the rush from class to lecture-room. We delighted in the quiet hours spent in making ourselves familiar with the countless possibilities of the musuems. We enjoyed to the full the chance

half-hours, when master minds gazed in pity on us from those well-ordered library-shelves. We felt that we were absorbing wisdom by our mere proximity to the great intellects and rejoiced that we had been caught in this maelstrom of art and learning.

Enough cannot be said in appreciation of those zealous teachers who opened to us the doors of Pathology and that giant micro-world of which we knew so little. We learned. In such environment one has to learn. We each one aimed at being a credit to our training school, at being true to the ideals of our Mother Superior. We left the shelter of the university each bent on blazing a definite trail in the nursing profession.

Without details or personalities, one must emphasize the opportunity given to the students "To Do," and since we "learn by doing," this is a vital part of the course. We had the opportunity of practical post-graduate experience, of excursions to the local hospitals and schools, of teaching and demonstrating certain class procedures and of receiving first-hand guidance from professional teachers and experienced leaders of the nursing field.

The necessity of this Instructor's Course has been questioned on the ground that university affiliations will in all probability eliminate the need of hospital teachers. We believe that during the next twenty years only the largest hospitals will carry affiliations. In the meantime there is an intensity of professional technique and etiquette which cannot be taught and supervised outside of hospital centres. We must for the present, then, produce teachers and leaders who will brave the highways and take our advanced methods to smaller schools in order to help our co-workers who of necessity are limited to local training.

We wish for all other nursing students the possibility of our course at McGill University. We feel convinced that we can establish and maintain a Nursing College on Canadian soil; can rise to a more perfect standard of nursing; convinced that from an economic point of view it will be to our advantage to broadcast our own teachers through the Dominion; that we may even draw our own College Faculty from the ranks of our trained nurses, since it is obviously the duty of a nurse to impart to nurses the ideals of nursing.

With this conviction firm we invite our women—"Begin training now."

Read before the Annual Convention of the C.A.N.E., Edmonton, 1922.

The most completely lost of all days is the one on which we have not laughed.

Pupil Nurses' Department

The Hallowe'en Party

The cosmopolitan reputation of Montreal was fortified on November 1st, 1922, when, obedient to a pleasant summons, representatives of every race and color mingled in the reception room of the Montreal General Hospital. Whether it was Cleopatra in person I must not reveal, but certainly an Egyptian princess was present, coming perhaps with the intention of outvamping The Vamp, who was there with the modern accoutrements of vanity bag, rolling eyes and an original interpretation of the "shimmy," evidently with "make hay while the sun shines" as his slogan. A "Hen-pecked Husband" appeared, to vastly enjoy the society of these two famous sirens.

A vivacious Spanish lady made frantic efforts to lessen the lethargy of an anaemic ghost who flitted sadly through the throng, but did not inspire the same vim in her partner as that with which the British officer was seen to flit the fleet-footed Hiawatha in a rhythmic one-step.

Reversing the usual order, a gallant red-coat was led through the mazes of a fox-trot by his fascinating but somewhat overgrown school-girl admirer.

The gentle Martha Washington was seen in the arms of a gentleman from a different country each time the music changed.

There was but one niece of Aunt Jemima present, which doubtless accounted for the coolness between the "two ge'men from the South."

Inspired by the same curiosity which tantalized Eve, hands freely snatched the rosy apples which hung in clusters around the brightly-decorated room. Witches, cats and pumpkins perched in odd corners, and knobbly peanuts bulged from every crevice.

Among the multi-colored throng, the snowy uniforms of our Superintendent and her assistants, who honored the Class of 1925 by attending, stood out in strong relief. It also added to our pleasure to have present two members of the Board of Management.

The musical geniuses of 1925 gazooed their jazzy way into the hearts of the guests in a manner which made everyone declare them the success of the evening. The contributions by the Jazz Band were voted the most popular, and the merriest dances were those for which they made melody. Vocal selections, a recitation, tableaux, and a short skit completed the programme.

After an interval made short by several jolly dances, the revellers wended their way to the depths below, where pretty geisha girls served them with toothsome dainties. Those who felt that their digestions would

be unimpaired by gruesome revelations, adjourned to have their palms read by Madame Witch.

The mysteriously disguised British Officer and the Coal-Black Jazz Artist, in daily life known as Nurse Ashorne and Nurse Mitchell, were awarded prizes for the best costumes by popular vote. Dancing was continued until midnight, when, after singing Auld Lang Syne, the reluctant but happy crowd dispersed.

ESTHER E. LEWIS,
Montreal General Hospital.

SOON SHALL THE WINTER'S FOIL BE HERE

Soon shall the winter's foil be here:
Soon shall these icy ligatures unbend and melt—a little while,
And air, soil, wave, suffused shall be in softness, bloom and growth—
a thousand forms shall rise
From these dead clods and chills as from low burial graves,
Thine eyes, ears,—all thy best attributes—all that takes cognizance of
natural beauty,
Shall wake and fill. Thou shall perceive the simple shows
the delicate miracles of the earth
Dandelions, clover, the emerald grass, the early scents and flowers,
The arbutus under foot, the willows yellow-green,
the blossoming plum and cherry.
With these the robin, lark and thrush singing their songs, the flitting
blue-bird;
For such the scenes the annual play brings on.

—Walt Whitman.

UP, MY HEART, AND SING

The dark, dark night is gone,
The lark is on the wing,
From bleak and barren fields he soars,
Eternal hope to sing.

And shall I be less brave
Than you sweet lyric thing?
From deeps of failure and despair,
Up, my heart, and sing!
The dark, dark year is gone:
The red blood of the spring
Will quicken Nature's pulses soon,
So up, my heart, and sing!

—Ella Higginson

Hospitals and Nurses

QUEBEC

A scholarship of $500.00, to be given by the Registered Nurses' Association of the Province of Quebec, which will entitle the recipient to take any one of the three courses given by the School for Graduate Nurses of McGill University, is the announcement made by Miss Samuel, secretary of the association. The advertisement of this will be found in this issue.

Royal Victoria Hospital, Montreal

Died, on February 27th, 1923, at St. Bridget's Home, in the City of Montreal, Bridget Quinn. Ever since the opening of the Royal Victoria Hospital, until a few years ago, Bridget was a familiar figure in the Nurses' Home, rendering faithful and untiring services; but long years of steady work began to tell, and a much needed rest had to be taken. Faithful and willing, ever ready to lend a helping hand, always interested in the nurses, their pleasures and troubles, they never appealed to Bridget in vain. She disciplined them well in her own way, but keenly objected to others doing likewise. During the last year she has been gradually failing, but was able, until lately, to be up and attend the services of the church she loved so well. Pneumonia closed her long career. The funeral services took place from St. Patrick's Church on the morning of March 1st.

Sherbrooke

Miss Muriel Grant, R.N., graduate of Sherbrooke Hospital (class 1922), has taken charge of the operating rooms at the above hospital, while Miss Flora George, R.N., a member of the same class, has been appointed night supervisor of the hospital.

Mrs. Walter Brown Parker, of Portland, Maine, former Sherbrooke resident, and daughter of the late J. S. Mitchell, Esq., of Sherbrooke, has very generously presented the Sherbrooke Hospital with a most up-to-date X-ray equipment in memory of her father. The students at the hospital will in future receive training in this branch of work.

At the monthly meeting of the Sherbrooke Hospital A.A., Dr. H. Douglas Boyne gave an interesting talk on "Intrathoracic Surgery."

Jeffery Hales' Hospital, Quebec.

The pupil nurses held a successful masquerade dance and auction recently. The articles auctioned were donated by the nurses. Sufficient funds were realized to buy the entire set of "History of Nursing" slides.

Miss Edna May is Night Supervisor at Mount Lebanon Hospital, New York, and Miss Sarah Jamieson is Instructress in the same school.

Miss Daisy Binning is on the Public Health Nursing Service in the City School of Nursing, New York City.

Miss Isabelle Palmer and Miss Mary McCulloch have accepted positions as Ward Supervisors in the Herman Keffer Hospital, Detroit, Mich.

Miss Mabel McRae had been appointed Ward Supervisor at the Alexandra Hospital, Montreal, and been succeeded at the Jeffery Hales' Hospital by Miss Daisy Jackson.

Miss Marion Gardyne has accepted a position at Interpines, Goshen, N. Y.

Dr. Parmalee, secretary of the Department of Public Instruction, Quebec, addressed the Alumnae Association recently on "Parliamentary Procedure."

Miss M. Shaw and Miss F. Imrie attended the provincial meeting of registered nurses at Montreal in January.

Western Hospital, Montreal

Thirteen nurses formed the graduating class, which held its exercises on November 14th, 1922, in the Nurses' Home. The pins and diplomas were presented by Mrs. Newman, and, in addition, were each presented with ten dollars in gold from Mr. Newman and a corsage bouquet from Mrs. Newman. The

veledictory was given by Dr. Gurd. After the formal exercises were concluded, an informal dance closed the function in a most delightful manner.

Miss Mabel Reynar resigned her position as Matron of the Red Cross Lodge, Montreal, and is now engaged in private duty in New York.

Very sincere sympathy is extended to Miss Sarah Cameron on the death of her mother, and to Miss Edith Ross on the death of her sister.

* * * *

ONTARIO

Women's College Hospital, Toronto

Two members of the Women's College Hospital A.A. have found their field of work in far-off India. Previous to going, they are taking certain courses at hospitals in London, England.

Miss K. Turner is supervisor of Salvation Army Hospital, London, Ont.

Misses I. Chadwick and L. Ashcroft are taking post-graduate work in the Hospital for Infectious Diseases, Philadelphia, Pa.

Fort William

The Thunder Bay G.N.A. held their annual banquet in Fort William on March 1st, covers being laid for fifty members, and the guests of the evening, Dr. Manion, M.P., and Mrs. Manion. The former gave a brief address, speaking feelingly of the work of nurses at home and abroad, and especially those who served overseas. Mrs. W. McClure, president of the association, expressed the pleasure of the association in having Dr. and Mrs. Manion present with them. Mrs. J. W. Cook is the honorary president; Mrs. W. McClure, president, and Mrs. W. J. Stirrett, Port Arthur, corresponding secretary.

Toronto General Hospital

Misses Helen Key (1922) and Sylvia Osler (1922) have left for Haileybury, Ont., to take positions in the new Red Cross Hospital there.

St. Michael's Hospital, Toronto

Miss Cahill, president of the Alumnae, and Miss Clare Goodwin are spending the winter in Florida.

Miss Matilde Simoni, who has been for six years on the staff of the Public Health Department, Toronto, has been appointed by the American Red Cross to initiate public health nursing at Camp Gaillard, in the Canal Zone. Miss Simoni, a native of Italy, after educating at St. Joseph's Convent, took her professional training at St. Michael's. In addition to speaking Italian, she speaks English, French and Spanish fluently.

London

The monthly meeting of the Victoria Hospital A.A. this past month took the form of a business discussion, as the president, Miss Brenton, who was to have given an address, was unable to be present.

Miss Beatrice Smith was appointed delegate to the G. N. A. O. Convention to be held in Peterboro on April 5th, 6th and 7th, and questions which are to come up before the convention were discussed.

Sympathy with the family of Miss Long, who died recently in the hospital, was expressed, and a letter of condolence sent by the secretary. Regret was also expressed at the departure of Mrs. Seed, one of the active members, who is soon leaving town.

Toronto Western Hospital A. A.

Several Western Hospital graduates have left Toronto to accept positions—Miss Esther Cunningham to take charge of the operating room at Alhambra Hospital, Alhambra, Cal.; Miss Broadfoot is on the staff of the Red Cross at Haileybury, Ont.; Miss N. E. Jackson is district nurse at Vita, Man., and Miss Rebecca Bell was appointed assistant superintendent at the Port Hope Hospital.

Mrs. Squires and Miss Gardiner are on the welfare staff of the T. Eaton Co., Toronto.

The Alumnae Association was entertained at the home of Mrs. George Valentine on March 3rd.

Kingston

The Alumnae Association of the Kingston General Hospital held their monthly meeting on March 6th, with a good attendance. After routine business had been attended to, the members held an interesting discussion as to the preparations for the annual "Violet Day," held Easter Saturday.

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MANITOBA

Brandon

In honor of Miss Jean Browne, R.N., president of the C.N.A.T.N., the members of the Brandon G.N.A. entertained at the Prince Edward Hotel on February 26th. Mrs. S. T. S. Pierce, president of the association, presided, there being thirty-two members present. During the dinner Mrs. Clement contributed some much-enjoyed vocal solos. Miss Browne addressed the nurses informally after dinner, speaking of the progress made toward the National Nurses' Memorial, of the newly-appointed executive secretary, and of the "Canadian Nurse" and its support. By special request Miss Browne also gave a brief account of some of her experiences while in England and France as the Red Cross Scholarship nurse representing Canada at the International Public Health Course at King's College, London. The tables were arranged in the form of a red cross. The singing of the National Anthem brought to a close a very pleasant evening.

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SASKATCHEWAN

Saskatoon

All plans for the annual convention of the Saskatchewan Registered Nurses' Association, to be held in Saskatoon on Thursday and Friday, April 6th and 7th, are well "under weigh." Through the courtesy of President Murray of Saskatchewan, the meetings will all be held in the University Buildings.

A most interesting programme has been arranged, including, as well as papers on purely nursing subjects, addresses on such subjects as "Tuberculosis," "Acute Pyelitis in Children," and "Insulin in the Treatment of Diabetes." The subject of the various forms of insurance will also be presented by a representative from the Saskatchewan Underwriters' Association.

The March meeting of the Saskatoon Graduate Nurses' Association was held in the Nurses' Home of the City Hospital, and a very large number of nurses were in attendance. Mrs. R. J. MacDonald, President of the Local Council of Women, addressed the nurses, and, in addition to giving the history and functions of the Local, Provincial and National Councils of Women, also presented to the nurses the aim and objects of the "Everywomen's Fund"—the campaign for $50,000 to aid tubercular mothers being promoted by the Provincial Council of Women and supported by each of its affiliated associations. The most hearty support of the nurses was assured.

* * * *

ALBERTA

Edmonton

The meeting of the Edmonton G. N. A. was held on February 21st, with the vice-president, Miss Olive Ross, in the chair, in the absence of the president, Miss Brighty. An address was given by Dr. Collitt, of the university, on "Insulin, in the Treatment of Diabetes."

* * * *

BRITISH COLUMBIA

The examinations for R. N. certificates will be held May 2nd, 3rd and 4th, 1923, at the accredited schools of nursing having candidates.

Vancouver

The V. G. N. A. held their monthly meeting on March 7th, which took the form of a social and musical evening. Those contributing were Mrs. McIvor, Miss Leeson, and Miss Priscilla Smith, whose readings were much appreciated. In the "Book Contest," Miss Breeze was the most successful in guessing correct titles.

Vancouver General Hospital

The efforts of the student nurses of the Vancouver General Hospital to help augment the funds of the National Nurses' Memorial Fund brought in the sum of $170.50, the result of a delightful entertainment and dance given by them in the auditorium of the university. A short musical programme and a playlet, "The Maker of Dreams," by three students, Misses Nora Armstrong, Annie McKenzie and Margaret Kerr, preceded the dance, which mas most enjoyed. Refreshments were also served, and fortune telling proved most fascinating to many.

At the February meeting of the Alumnae, after the routine business had been completed, the committee for the "Baby Layette Fund" was elected, and the sewing committee in connection with this committee will meet, until further notice, on the third Tuesday at 8 p.m. in the Nurses' Home. All members are welcome, and refreshments, with a social half-hour, will be the feature of each meeting. A card party will be held on March 6th in aid of the Sick Benefit and the Re-union funds. The re-union to be held this coming June promises to be of the greatest interest to all nurses. All graduates are urged to plan no holidays, leave, etc., so as to be present.

Miss Grace Watson, R. N., who has recently been on the staff of the Chilliwack Hospital, Chilliwack, B. C., has accepted an appointment as Assistant Night Superintendent at the Vancouver General Hospital.

New Westminster

Miss M. Ross, Royal Columbian Hospital, has accepted a position at the Laurel Beach Sanitarium, Seattle, Wash.

Miss M. Hughes (Royal Columbian Hospital, 1922), is doing general duty at the Ashcroft Hospital, Ashcroft, B. C.

The annual meeting of the New Westminster G. N. A. was held at the Royal Columbian Hospital on March 14th. Officers for the year were elected as follows: Miss K. Stott, R. N., president; Mrs. Storm, vice-president; Miss E. M. Chadborn, R. N., secretary-treasurer.

Miss MacAllister reported that $226.00 had been collected for the National Nurses' Memorial Fund during the year. Plans for the ensuing year were discussed.

BIRTHS

Barton—At Toronto, Ont., to Mr. and Mrs. Barton (Lottie Bell, Toronto Western Hospital, 1918), a son.

Craig—On October 21st, 1922, at the Jeffery Hales' Hospital, Quebec City, to Mr. and Mrs. M. K. Craig (Marjorie Woodley, Jeffery Hales' Hospital, Quebec City, 1915), a son.

Dale—On February 21st, to Mr. and Mrs. Percy Dale, Niagara Falls, Ont. (Constance Hunter, Toronto General Hospital, 1919), a daughter.

Duff—At the Misericordia Hospital, Winnipeg, Man., on January 14th, 1923, to Mr. and Mrs. R. A. Duff (Evelyn Caswell, St. Boniface Hospital, St. Boniface, 1918), a daughter.

Kerr—At Buffalo, N. Y., on February 2nd, 1923, to Mr. and Mrs. Charles H. Kerr (Bertha E. MacDonald, Montreal General Hospital, 1917), a son, McDonald.

Leroy—At the Misericordia Hospital, Winnipeg, Man., on February 6th, 1923, to Mr. and Mrs. Leroy (Bill Peters, St. Boniface Hospital, 1916, and C. A. M. C. nursing service), a son.

Mills—On March 8th, 1923, to Mr. and Mrs. Paul Mills (Clara Chisholm, Toronto General Hospital, 1919), a son, still-born.

Morison—To Mr. and Mrs. C. Keith Morison (Nursing Sister Beryl Moss, Montreal General Hospital, 1917), of Associated, Cal., a daughter, Dorothy Jean, on February 22nd, 1923.

Paille—At Winnipeg, Man., on February 10th, 1923, to Dr. and Mrs. G. Paille (Yvonne Gdelley, St. Boniface Hospital, 1918), a daughter.

Wood—At Toronto, Ont., to Dr. and Mrs. Wood (Miss Shortreed, Toronto Western Hospital, 1916), a daughter.

MARRIAGES

Anden-Wilson—On February 13th, 1923, at Sault Ste. Marie, Ont., Isobel Doreen Wilson (Toronto General Hospital, 1919), to Capt. Humphrey Anden.

Fyffe-Bunn—In Victoria, B. C., on March 7th, 1923, Lillian E. Bunn (Grey Nun's Hospital, Regina, Sask., 1916), to Mr. Douglas Fyffe, of Regina.

Gamsby-Starke—At Trinity Memorial Church, Montreal, by the Rev. F. A. Pratt, Deborah Berry Starke (Western Hospital, Montreal, 1915), to Cameron Le Breton Gamsby, of Ocala, Fla. They will reside in New York, N. Y.

Lockhart-Robinson—At Dorchester, N. B., on March 8th, Florence A. Lockhart (Royal Victoria Hospital, Montreal, 1919), to Mr. Philip W. K. Robertson, of Montreal.

Michie-Grigor—In Edmonton, Alberta, on March 3rd, by the Rev. Dr. D. C. McQueen, Miss Mary Gordon Grigor, R.N.R.R.C., late of New Zealand, to Mr. Charles Michie, M. M., of Cherhill, Alberta. Both Mr. and Mrs. Michie served overseas in the Great War.

Palmbom-Morgan—In Vancouver, B. C., on February 19th, 1923, Marion Morgan (Prince Rupert General Hospital, 1920), to Mr. Emil Harold Palmbom. They will reside in Surf Inlet, B. C.

Riddock-Bagshaw—On January 1st, 1923, at The Pas, Manitoba, Grace Selina Bagshaw (St. Boniface Hospital, St. Boniface, Man., 1922), to Mr. Thomas Riddock, both of The Pas, Man.

Smeaton-Buchan—At East Templeton, P. Q., on January 10th, 1923, by the Rev. H. Presque, Elizabeth Buchan (Western Hospital, Montreal, 1908), to Joseph L. Smeaton, of Montreal.

DEATHS

Cunningham—At Cooksville, Ont., on January 26th, 1923, Mary Hazel Cunningham, second daughter of Mr. and Mrs. J. Cunningham, of diabetes. Miss Cunningham was a graduate of St. Michael's Hospital, Toronto, Ont.

Long—In March, 1923, at Victoria Hospital, London, Ont., Jessie May, beloved daughter of James and Marian Long. Miss Long was a graduate of Victoria Hospital, London, Ont.

Smiley—At St. Lambert, on January 15th, 1923, Miss Carrie Smiley (Montreal Women's Hospital).

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You come and go, my white-capped nurse:
As light your step, as bright your face
If woes or blessings I rehearse.

Strange to your kindred, far from home,
And meeting, with unquickened breath,
Man's final foe, you have become
Acquainted with the face of Death.

When, in the spacious void of night,
He came and paused beside my bed
Once and again, and seared my sight,
You held my hand until he fled.

Now, as I leave this sacred room
And you, I breathe a farewell prayer
That Heaven may bring you fadeless bloom
And I inhale the fragrance there.

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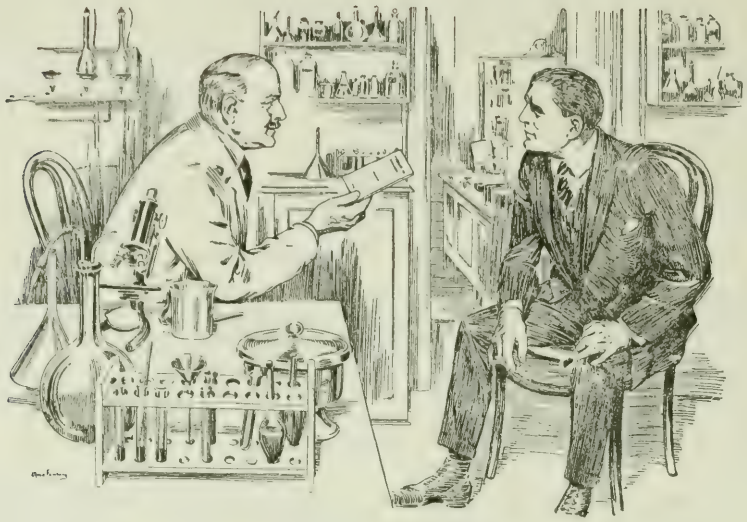

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Regular Monthly Meetings—First Monday of each month at 3 p.m.

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THE

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Saskatchewan Registered Nurses in Annual Convention

The sixth annual convention of the S.R.N.A., held in Saskatoon on Thursday and Friday, April 5th and 6th, was one of the most successful conventions in the history of the association. Nurses were in attendance from almost every part of the province, and all enjoyed the interesting and carefully prepared papers, as well as entering freely into the discussions and business of the meeting.

Miss Ruby Simpson, the president, presided at all sessions.

Greetings were received from Miss Jean Browne and Miss Jean Wilson, of the National Association.

The president gave a most interesting review of the year's work, emphasizing our obligations arising from provincial and national affiliations. Regret was expressed that the university was this year unable to

arrange for a session for nurses in connection with the summer school, and the president urged that the convenors of the three standing committees would so interest their members during the coming year that the number ready to attend the summer school in 1924 would quite justify the university in arranging a course for nurses.

Following the reports of the registrar and treasurer, reports were given by the convenors of the three standing committees. Owing to a new convenor of the Nurse Education Committee having recently been appointed, this committee had little definite progress to report. Matters referred to by the C.N.A.T.N. had, however, been sent to each member of the committee, as well as to the superintendent of each training school, and were receiving careful consideration. The report of the Private Duty Nurse Committee, with the suggestion from the National Section for consideration of a "refresher course for private duty nurses," was received with interest. Sister Mayer and Miss Helen Cameron, both of Saskatoon, were appointed to present the opinion of such a course from the viewpoint of a training school superintendent and of a private duty nurse.

Following the report of the Press Committee, a nurse was appointed to secure new subscriptions from those in attendance at the convention.

The report of the Memorial Committee, presented by Miss Simpson, showed that three thousand dollars had been forwarded to the National Committee. A resolution was passed urging the raising of the remaining two thousand dollars required to complete Saskatchewan's objective, and asking that all contributions should be in before May 31st next. It was felt that the nurses in some of the smaller hospital centers had been unable to raise funds, as the former appeal was made shortly before Christmas, and the earnest desire was expressed that our contribution would represent a tribute from every individual nurse living or actively engaged in nursing in Saskatchewan. The same committee was asked to continue in office, and all contributions should be sent to Miss R. M. Simpson, Department of Education, Regina.

The suggested amendment to By-law No. 7 on "Annual Fees" was further amended, and finally accepted, to read as follows: "(d) Members in arrears for five years or more shall forfeit membership in the association, but such members may be reinstated upon payment of fees in arrears or of such penalty as may be fixed by the Nurses' Council."

The by-law referring to reciprocal registration was also discussed, the general opinion being that some alteration in the wording of the clause was desirable. The Nurses' Council was asked to present an amendment for consideration at the next annual meeting.

The papers and addresses were all of great interest and value. Before the paper on "Tuberculosis," given by Dr. Boughton, of the sanitarium staff, the president spoke of the campaign inaugurated by the Provincial Council of Women to raise $50,000 to aid the tubercular mothers of the

province who are unable otherwise to secure sanitarium care. A resolution heartily endorsing the campaign was passed, and a collection was taken up in aid of the Everywoman Fund.

Following Dr. Boughton's address, the film, "The Fight Against Tuberculosis," was shown. This gave a very good idea of the work of the Anti-Tuberculosis League as carried on in the splendid institution at Fort Qu'Appelle.

The first evening was largely of a social nature; addresses of welcome, musical numbers, and an illustrated address by Professor Miller, of the university staff, descriptive of one of the beautiful Old World cathedrals, proving most enjoyable and restful. Luncheons, dinners and teas, and a theatre party the last evening, showed Saskatoon's reputation for hospitality as well earned.

The officers elected for the coming year were: President, Miss R. M. Simpson, Regina; first vice-president, Miss E. Eisele, Moose Jaw; second vice-president, Sister Mayer, Saskatoon; councillors, Miss M. Montgomery, Fort Qu'Appelle, and Mrs. Feeney, Yorkton. Convenors of standing committees: Public Health, Miss Hilda McDonald, Saskatoon; Nurse Education, Miss S. A. Campbell, Saskatoon; Private Duty Nursing, Miss H. Cameron, Saskatoon.

The invitation from the Regina association to hold the 1924 annual meeting in Regina was accepted. An invitation was also extended by Miss Montgomery that one day of the convention should be spent at the sanitarium at Fort Qu'Appelle. This invitation was left for consideration of the Nurses' Council, when definite plans should be made for the convention.

THE OIL OF JOY

Christianity wants nothing so much in the world as sunny people, and the old are hungrier for love than for bread. The oil of Joy is very cheap; and if you can help the poor with a Garment of Praise, it will be better for them than blankets.—HENRY DRUMMOND.

Let the one who sighs for comfort
Feel a hand-grasp true;
It will cheer the way, and surely
Can't impoverish you.

Lives are human, though so often
We disguise our pain;
Some are hungering for your comfort—
Give and give again.

The Story of Insulin. Diabetic Truce Declared

The Armistice between Allies and Central Powers brought peace in 1918; the truce between death and diabetes brought hope in 1922. But just as men died at the front before the news could be flashed along the wires, so men will die in the byways before science can apply its new discovery—insulin.

While physicians consider it too early to estimate the complete value of this new treatment for diabetes, reports from careful observers indicate that Dr. F. G. Banting, of Toronto, and his co-workers have made an important contribution to medicine.

Lepine was the first to suggest that the condition of diabetes following pancreatectomy might be due to the withdrawal of an internal secretion necessary for the complete metabolism of sugar. Later it was discovered that the extracts of certain ductless glands, such as the adrenals, have marked pharmacological actions and that the administration of these extracts can relieve symptoms due to the atrophy of their glands. Still later it was shown that a graft of pancreatic tissue is capable of relieving diabetes after the pancreas has been removed. It was therefore concluded that an antidiabetic substance or hormone was secreted by the pancreas, though many experiments to isolate it were unsuccessful.

Years of Research

In making such an experiment Banting ligated the pancreatic duct; this experiment caused the degeneration of all the pancreatic tissue except the islands of Langerhans which secrete the antidiabetic hormone. The next step was the extraction of this substance by alcohol and its utilization to reduce sugar in the blood of a severe diabetic case. There remained the problems of obtaining a purer extract and of ascertaining the dosage. The former difficulty was solved by Dr. Collip by a method of fractional precipitation by alcohol; the latter was worked out by experimentation on rabbits.

The university has taken steps to safeguard the production, standardization and distribution of insulin, and the physicians receiving samples of the extract are reporting their experiences as to its potency and value. It is also under observation in the clinics of Dr. Banting at the Christie Street Hospital of the Soldiers' Civil Re-establishment in Toronto, of Dr. Duncan Graham in the Toronto General Hospital, and in certain diabetic clinics in the United States.

The Clinical Dosage

At present in estimating the clinical dosage it has been found satisfactory to consider "as one unit the amount of insulin which, on subcutaneous injection, can lower the percentage of blood sugar to 0.045 within four hours in a rabbit weighing about 2 kg. from which food has

been withheld for from sixteen to twenty-four hours. The final solutions of insulin prepared in the University of Toronto for chemical use are usually concentrated so that 1 c. cm. contains one unit."

Further investigations have proved that this extract is also effective in relieving the other phenomena of diabetes. It has been found to raise the respiratory quotient (an evidence of increased sugar metabolism) and reduce the urinary excretion of acetone bodies. In fact, in a dog, where the latter phenomenon is less pronounced than in man, the acetone bodies clear up entirely. By the use of the extract for two days the glycogen content of the liver reaches 12 per cent. while the fat content falls from 12 per cent. to 5 per cent., and there is also a diminution of fat in the blood content. These observations indicate that insulin, because of its influence on carbohydrate metabolism, also affects fat metabolism.

Other Causes

Insulin not only removes the symptoms of diabetes due to the absence of the pancreatic hormone in the body, but it also prevents the development of an abnormally high sugar content of the blood and presumably of a urinary excretion of sugar, even when these phenomena are induced by other experimental means, such as puncture of the floor of the fourth ventrical of the medulla, or asphyxia. That insulin will almost entirely prevent an increase in the sugar content of the blood following ether anaesthesia has a practical application in surgery.

Attempts to determine the mode of action of insulin by experiments on drawn blood, muscle tissue and extirpated liver tissue have thus far proved unsuccessful. It was found in experimentation upon rabbits that an overdose of insulin which produced convulsions not unlike those of diabetic coma could be antidoted by the injection of glucose. In one or two patients in whom there were indications of these symptoms, exhibition of glucose immediately and permanently removed them.

Its Future Utility

To date a sufficient number of cases have been observed to justify the statement that insulin given subcutaneously will remove cardinal symptoms of the disease within a very short time for a period of several hours. To suppress the symptoms permanently, however, the injections must be repeated, the practice at present being twice daily; whether the diabetic condition is in any degree cured by the rest which is given to the damaged pancreatic function cannot as yet be stated.

Government reports show that in 1921 15,000 deaths occurred from diabetes mellitus in the registration area of the United States, ranging from 21.8 (per 100,000 population) in New York State to 6.4 in Tennessee.

May science wear league boots!

—*The Trained Nurse and Hospital Review.*

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

LECTURE XI.

(Continued from last month.)

The Canadian V. A. D. War Service

Slide 310. The first Overseas Group that sailed from Montreal, September, 1916. Mrs. V. V. Henderson, Lady District Superintendent of St. John Ambulance Brigade for the Province of Quebec, who organized the Montreal Division for active service in 1915, in the center. In outdoor uniform.

Slide 311. The five Montrealers who formed the first group of Muscle Function Trainers, graduated from Hart House, Toronto. Like the V.A.D. Nursing members, these are volunteer unpaid workers under the control of the District Superintendent of the Brigade. They are in the uniform of this department of the V.A.D.

Lady Perley's Voluntary Aid Detachment.

Early in 1918, H. R. H. Princess Mary formed a Voluntary Aid Detachment in England, and at the same time four Imperial Detachments were formed there also, one for Canadians under Lady Perley, one for Australians under Lady Robinson, one for New Zealand under Miss MacKenzie, and one for members from South Africa under Lady Gladstone. These Detachments were organized independently of the Canadian V. A. D. Military Service, and were entirely under British Control; with all other V. A. D's. they received orders through Devonshire House. Lady Perley's Voluntary Aid Detachment was composed of Canadian ladies who paid their own expenses to England, and the majority of whom had done good work in hospitals there before being mobilized under Lady Perley, an event which happened as a result of representations made by the Canadian Red Cross Committee to Ampthill and Oliver. Her first party sailed for Boulogne in March, 1918, and were there employed in the Rest House for British and Canadian Nursing Sisters, organized by the Canadian Red Cross at this time. This hostel was staffed entirely by Lady Perley's V. A. D's., ten in number, with Mrs. Gordon Brown, of Ottawa, as Commandant. It performed an active and efficient service throughout the trying period of the spring of 1918, and later these V.A.D's., with others, remained on duty there until June, 1919. Their work was entirely volunteer and unpaid. So also with the work of the other V. A. D's. in Lady Perley's Detachment, which increased rapidly by the joining up of numerous members, drawn

especially from the splendidly efficient body of workers working in the Canadian Red Cross Information Bureau under Lady Drummond and elsewhere. Their activities lay chiefly in visiting patients in the military hospitals, assisting in recreation huts, nursing in hospitals, organizing entertainments, enquiries for wounded, and in running the hostel for the nursing staff above mentioned.

Slide 312. Lady Perley's first Detachment at the hospital in Boulogne, with Lady Perley and Lady Drummond in centre.

Slide 313. Lady Perley in the uniform of her V.A.D. Detachment.

The War Service of the British Red Cross Society.

The vast work accomplished during the Great War by the British Red Cross is detailed with that of the Order of St. John under the official report of the Joint War Committee, 1914-1919, which forms a volume of 738 pages. All funds raised from the "Times" Fund, and other volunteer agencies for both organizations were turned in to the Joint Committee and applied at the discretion of its Council, which was drawn from members of the British Red Cross, the Order of St. John and the Territorial Force, to the best advantage of the Supplementary Auxiliary Service required by the British War Office. Over £21,000,000 Sterling was contributed, and of this, more than £20,000,000 was expended in war activities, the balance remaining to carry on the post-war work of this Society. These war activities were so extensive as to make it impossible to enumerate them here in any detail. They include, in addition to the sending of a steady stream of supplementary stores to all parts of the seat of war to meet emergency demands of all kinds, ambulance trains, motor ambulances, X-Ray cars, motor bacteriological and dental laboratories and launches, hospital ships, recreation huts, convalescent homes and hospitals of all kinds, a central prisoner of war department, officiating to the salvation of the lives of starving thousands in the enemy country, and finally in the organizing, training, and putting in the field over 125,000 of a magnificient personnel, who supplied a service supplementary to the military operations of the Allies, the value of which cannot be told. Among Nursing Units supplied by the British Red Cross may be mentioned: Ambulance Units and Field Hospitals sent to Russia and Roumania; the two Serbian Units, of which the first left in October, 1918, and combatted the great typhus epidemic of the following year, and the second (Lady Paget's) left in January, 1915, and was interned with Dr. Inglis's unit in Serbia; twenty-four Red Cross kitchens in Salonika and Corfu; in Mesopotamia and Northern Persia, ninety-four motor launches were operated; in England itself 3,244 Red Cross Auxiliary Home Hospitals were financed, in addition to numerous convalescent homes; in France and Belgium were the well-known British Red Cross Hospitals Nos. 1 to 10, (mostly financed by private individuals), the Anglo-Belgian Hospital at Calais, and the hospitals of the Paris Committee, all important centres; and in Egypt and Palestine operations

were carried on on a maginficent scale. The British Red Cross accomplished throughout the war a work of world-wide extent and importance that brought comfort and relief in every emergency from the First Aid Post to the Base Hospital by means of its splendid organization and unlimited supplies. The following extract from a letter to Dame Sarah Swift, G. B. E., Matron-in-chief of the Joint War Committee in England throughout the war from Surgeon-General Sir Alfred Keogh, Director of Medical Services War Office, expresses the general feeling in regard to the value of the nursing service rendered:

"I am not sure that we even yet fully realize the work of the fully trained nurses in these institutions. No praise is too great for the example they set and the patience they have displayed. It is also difficult to express admiration for the extraordinary devotion shown by the V. A. D.'s. and the administration of the hospitals, and by the public in the neighbourhoods. The whole movement formed a splendid spectacle of patriotism which has far surpassed my most sanguine expectations."

Extract from the official report of the Joint War Committee.

Slide 314. Uniform of (a) British Red Cross Society Commandant; (b) Order of St. John Commandant; (c) British Red Cross Society members, outdoors; (d) British Red Cross Society member, indoor.

Slide 315. (a) Order of St. John Member Indoor Uniform; (b) Order of St. John General Service Member, Outdoor Uniform; (c) British Red Cross Society and Order of St. John, off-duty dress, all ranks; (d) British Red Cross Society and Order of St. John Orderly Khaki Uniform.

Slide 316. Outline map of Scotland, showing distribution of Red Cross Auxiliary Hospitals in 1918.

The Anglo-Russian Hospital

(Organized by Lady Muriel Paget by private subscription.)

Of all the volunteer activities supported from private sources and operated under the aegis of the British Red Cross at the seat of war, perhaps the most interest for Canadians attaches to the Anglo-Russian Hospital Corps, which numbered several Canadian nurses on its staff and which served through circumstances of great danger and difficulty, both in the Caucasus and in Petrograd, where it was established, in the house of Prince Dmitri at the time of the outbreak of the Russian revolution. Nursing Sister Edith Hegan, R.R.C., of St. John, (now Mrs. Basil Stead, of Ottawa,) a graduate of the Presbyterian Hospital, New York, served with conspicuous bravery and devotion in it, and has published a stirring eye-witness account of the bloody scenes of the revolution as they unrolled themselves "From a Hospital Window."* Nursing Sister Dorothy Cotton was the first Canadian Sister selected for service with Anglo-Russian Hospital. She subsequently went to Roumania

in charge of the Canadian Nursing Mission organized by Mme. Pantazzi in October, 1920, at the call of the Queen of Roumania.

Slide 317. Outline map of Scotland, showing distribution of Red Cross

Slide 318. Nursing Sister Dorothy Cotton, of Ottawa, Canada, graduate of the Royal Victoria Hospital, Montreal, Matron of the Canadian Mission to Roumania and who served at Petrograd with Miss Hegan.

* See Harper's Monthly Magazine, 1918.

(To be Continued)

THE PROBLEM

A bare, bleak house with hardly the necessary furniture; a Greek mother who spoke very little English and was half sick most of the time; a family of nine children, ranging from three to fifteen years, all anaemic and undernourished; children fed mostly from left-over fruit and vegetables from the father's fruit wagon. It was rather a hopeless picture. Daily instructive visits continued indefinitely would have been necessary to get that little woman to understand the cooking of the right kind of food for those children. What could we do? The school diet sheet? It had been tried, the simplest of food picked out and the cooking of it explained, but of no avail. At last a plan unfolded: the oldest girl, A——, not quite eleven years, did most of the cooking. Why not make use of the domestic science class?

Solved

A—— was in a very junior class, but her teacher was spoken to and consented readily to have her attend the cooking class if it could be arranged. The domestic science teacher was then spoken to. "Certainly, she would take the child and give her particular attention." But this wasn't all. The principal of the child's school had to be asked. Next, the permission of the principal of the school in which the cooking class was held—from that to the Chief Inspector of Schools—until one began to sympathize with the "Old woman and her pig," and to feel that there were a great many obstacles in the way. However, arrangements were finally made and A—— is now attending cooking class, arrayed in white apron and cap. It was a very bright, smiling face and sweet voice that said, the other day, "We made shepherd's pie at cooking class to-day, and I'm going to make one for them at home to-night."

M. E. Gardner.

It has well been said that the arch-flatterer, with whom all petty flatterers have intelligence, is a man's self.—Bacon.

Editorial

Among the reports sent in for publication in the magazine this month is one from the Public Health Committee of the Association of Registered Nurses of the Province of Quebec. The entire report was somewhat condensed, but the striking point about it was the strong emphasis laid on the great value of the general open meetings for all members of the association. The paragraph reads: "This co-operation between the Public Health group and the general body of nurses indicates the most desirable trend in the nursing profession. While specialized groups need to meet together to discuss their own particular problems, it would be disastrous if any one group became isolated from the interests of the whole." Disastrous indeed if we ever get to the state of mind when we do not recognize the close interknitting of all branches of the nursing, and the need for general discussions of all these in general nursing meetings made of up workers in all the various fields of our profession. No one branch of nursing can afford to stand aloof, but every effort made to show the need for a better understanding of the public health requirements of our people in the training school and among the private duty nurses.

* * * *

The attention of all hospitals is drawn to Hospital Day, May 12th, 1923. The preparations which are now being arranged will surely bring hospitals and their needs to the public. Hospitals in Ontario and British Columbia are among the Canadian hospitals which have either asked the Hospital Day Committee for suggestions for a programme for this third Hospital Day or have themselves given suggestions for the help of the committee. While showing the best points of hospitals to visitors, and the need of further assistance in enlarging or better equipping of them, all those interested in the nursing in them should make it a point to stress the needs of the nurses. In far too many cases the poor accommodation for the students and staff is carefully kept in the background, the lack of teaching and laboratory equipment never mentioned, and, in short, the educational aspect and the fact that there is a school in connection with the hospital never suggested. Until the training school heads and those interested in the education of our nurses—and surely this means every citizen in the community—take a determined stand to make the school what it is supposed to be, a technical school for the education of our young women so that they may be taught to care for not only the sick in our country, but preventing illness and suffering in the community by health work, these same conditions will continue.

Let us not, then, in our anxiety to interest the public in our hospitals, forget that the groundwork of all hospital success is the nursing, and let us remember the needs of the nurses and their education.

* * * *

Among the scholarships offered to nurses, quite a unique one, for this country at least, is the one offered by the *Trained Nurse and Hospital Review* of New York. It is a two-hundred-dollar scholarship offered to nurses graduating from accredited schools between July 1st, 1922, and July 1st, 1923. She may choose the field in which she is most interested, and take the course in one of the colleges or universities of the U.S.A. The award, according to the donor, will be made by a scholarship committee comprised of representative nurses on the following basis: The standing of the applicant in her class; her standing among other graduates of the State as represented by State Board averages; and estimate of fitness furnished by the applicant's superintendent of nurses; estimate of fitness based upon the committee's grading of a 3,000-word thesis on phases of the subject in which the applicant desires to specialize. This scholarship is open to Canadian nurses from Canadian hospitals whose eligibility comes within the regulations of this basis. Superintendents of nurses and eligible applicants may communicate with the editor of the *Trained Nurse and Hospital Review*, New York, concerning details of the competition.

PRAYER FOR A NURSE

Oh, my God: I am about to begin the day's work in the hospital. Teach me to receive the sick in Thy name. Give to my efforts success, sweet Jesus, for the glory of Thy Holy Name. It is Thy work; without Thee I cannot succeed. Grant that the sick Thou hast placed in my care may be abundantly blessed, and not one of them may be lost because of anything that is lacking in me. Help Thou me to overcome every temporal weakness, and strengthen in me whatever may enable me to bring the sunshine of joy to the lives that are gathered round me day by day. Make me beautiful within for the sake of Thy little ones and those lives which will be influenced by them. Amen.

A propensity to hope and joy is real riches; one to fear and sorrow, real poverty.—HUME.

To be a man's own fool is bad enough; but the vain man is everybody's.—PENN.

The World's Pulse

By Elizabeth Robinson Scovil

U-Boat Seaplane

The Germans have recently invented a seaplane designed to act as eyes to the submarine. It takes to pieces in small sections and fits into a water-tight metal tube, which can be lashed to the deck of a submarine and does not impede its evolutions in any way. It can be made ready for use in less than five minutes. Equipped with wireless, it can communicate from the air with the submarine and direct its activities against food ships and war craft. French air experts attach great importance to the development.

The Dye Industry

British makers are now able to produce, with very few exceptions, all the dyes made in Germany. The British Dyestuffs Corporation produce 1,250 types of dyes, more than any single German firm ever made. They have an increasing trade with India, Japan, and China.

News 400 Years Old

A constellation in the southern hemisphere has suddenly increased in brightness from the second magnitude to the first. Astronomers think the change was caused by some internal commotion. This star, Beti Ceci, is more than 2,350 million miles from the earth. Even with the rapidity with which light travels, it would take 400 years for it to reach the earth from the star; therefore the occurrence which increased its brilliancy took place in the reign of Henry VIII., and is just visible here for the first time.

Increase in Radio

At a radio conference in Washington, called by Secretary Hoover, it was stated that a year ago there were sixty broadcasting stations in the United States; to-day there are 588. It was then estimated that there were between 600,000 and a million receiving sets; to-day it is believed there are between a million and a-half and two million and a-half persons listening in. Public broadcasting has practically been limited to two wave lengths, creating great confusion. The wave lengths from 600 to 1,600 metres is reserved for Government use; it is proposed that some of these wave lengths be turned over to the public.

The High Cost of Dying

The Jewish community of Warsaw are compelled to pay excessively high burial fees. At the Gemsha cemetery the cost is 300,000 marks, and at the Prague cemetery 50,000 marks.

Nuns Displace Nurses

The Vienna hospitals were forced to close for a time when the non-medical personnel at each institution walked out in protest against the replacement of nurses by nuns at the hospital for Government employees. It was necessary for all persons, except patients and nurses on duty, to get their meals outside the hospitals. Employment of the nuns was decided upon as a measure of economy.

Indians Claim Back Rent

The Caldwell Indians at Brantford, Ontario, are trying to collect 900 bushels of Indian corn, the rent for 150 years of Pelee Island at the rate of six bushels a year. They say they leased the island to an Indian agent about 1760 for 999 years. They are now negotiating with the Canadian Government for the back rent and for the establishment of a reserve. Walpole Island, Lake St. Claire, is suggested as a suitable reserve, there being about 10,000 acres of arable land in it.

How Obelisks Are Erected

It has long been a matter of wonderment how the Egyptian obelisks were put in place without the aid of a windlass, block and tackle, or other modern appliances. The removal of an obelisk in the present day has always strained the apparatus used almost to the breaking point. Mr. Rengelbach, chief inspector of antiquities in Upper Egypt, has reconstructed the method which he believes was used in putting in place these large monuments, some of them weighing over 500 tons. A high, sloping brick embankment was built around the site of the obelisk. At its highest part began a huge funnel of earth, sloping down to the pedestal of the obelisk. The great monument was hauled to the mouth of the funnel by man power; sometimes 10,000 men were engaged. The base was inserted in the mouth of the funnel and slid, or was pushed, down to the pedestal, where it was pulled upright.

A Skyscraper

Toronto is to have the highest building in the British Empire. The Canadian National Railway is to erect an office building on the corner of King and Yonge Streets that is to exceed in height the Royal Bank Building in Toronto, now the tallest structure in the Empire.

Soviet Russia

Communistic rule in Russia does not seem to have brought the promised millenium. In Moscow an enormous number of homeless children parade the streets. The growth of unemployment, the collapse of the schools, and the degradation of public morality have left them to their devices. They are literally compelled to keep themselves alive by any means in their power. Their parents are dead, ill, or too poor to provide for them, and they wander at large. Many of them are corrupted and turned into criminals. Two thousand houses in Petrograd are completely destroyed; it has been decreed that all unemployed shall leave the city.

News from the Medical World

By Elizabeth Robinson Scovil

Fat Soluble Vitamena

It is stated that cod liver oil contains 200 or 300 times as much of the fat soluble vitamen as butter. Minute doses of cod liver oil are recommended for women nursing children who do not seem to be thriving. In the case of a baby six weeks old, whose growth seemed to be arrested, the mother took a tablespoonful of cod liver oil three times a day. The infant immediately began to thrive, although the mother's milk had always had normal fat content previous to the treatment.

Obstetric Examination by Rectum

In a recent analysis of 750 obstetric cases, a high temperature was recorded in 206 per cent. of those examined by the vagina, and in only 68 of those examined by rectum alone. An authority states that, of the thirteen points to be determined by examination, eight can be ascertained through the rectum as well as through the vagina, with much less danger to the mother.

Chaulmoogra Oil Derivatives in Leprosy

Thirty-seven patients on the Island of St. Croix were treated with the ethylester derivatives of the fatty acids of chaulmoogra oil, given intramuscularly into the buttocks. The nasal soular was positive for *Bacillus leprae* in twenty-three of those who received the treatment. As a result, it is believed that it will cure some cases, especially those of relatively short duration, in less than five years. It will bring about improvement in a majority of patients to such an extent as to permit their parole. No harmful effects have seemed to follow its administration.

Reforms in Mental Hospitals

An English physician, Dr. Lomax, has severely attacked the administration of mental hospitals. The commission appointed has made several recommendations, among which are: to provide patients with occupations, and, as far as possible, rouse their interest. It is desirable to provide letter-boxes in which patients can post their letters. In every ward notices should be posted informing patients of their right to forward letters unopened to the authorities. The question of authorizing payments to patients for work is under consideration. Notices should be placed in the waiting-rooms to inform friends and relatives of the patients of the provisions of the Lunacy Act impowering them to apply for the discharge of a patient.

Catharsis of Nursing Mothers

So many of the cathartics taken by the nursing mother affect the child, that the following suggestions will be found useful when constipation is troublesome: A coarse diet, with fruit and vegetables predominating, is indicated, and abundance of water should be taken. Bran, one tablespoon three times a day with meals, is good, if there is no inflammatory condition of the intestine. Liquid petrolatum, one tablespoonful, morning and evening, will soften the stool and help its passage. Abdominal massage is advised, and, as a last resort, enemas of soapsuds, or saline solution.

Condensed Milk Regulations

The British Ministry of Health has made new regulations as to the labeling and composition of condensed milk. Every can must have a label specifying its contents, and "full cream" or "unsweetened." Condensed skim-milk must be labeled "unfit for babies." Any instructions as to dilution must be quantatively correct. Condensed milk must contain a stated percentage of milk-fat and solids.

A New Element

Dr. Alexander Scott, of London, has isolated a new element called naferium, a cinnamon-colored powder. In 1913 he received from New Zealand samples of black sand for analysis, from which he extracted a cream-colored sand containing 75 per cent. magnetic oxide of iron and 25 per cent. litanium, of a highly refractory residue, which he named the new oxide and which prolonged investigation proved to be the new element.

Typhoid Fever Rate

The annual summary of the typhoid death rates shows a continuance of the decline in typhoid which has been in progress during the last twelve years. The astonishing rate of 3.15 per each hundred thousand has been reached, a little less than one-sixth of the rate in 1910. The rural death rate from typhoid last year was nearly double that of the large cities. The two great agencies of dissemination of typhoid are polluted water supplies and raw milk. Lesser ones are the improper disposal of excreta, bathing in polluted water, and contaminated shellfish.

To Break the Curd in Cow's Milk

Many babies can digest raw cow's milk. When they cannot, the formation of large protein curds is obviated by boiling the milk from two to three minutes over a flame, or, better, by putting it in a double boiler and heating it until the water in the outside boiler boils for eight minutes. A small double boiler should be used, as in it the column of milk is deep and has a small surface. The milk should simmer rather than boil, as it undergoes less change in taste and there is less loss of soluble protein, fat, sugar and salts.

The Canadian Medical Association

The annual meeting of this association will be held in Montreal in June, under the presidency of Dr. Arnot, of London, Ontario. The association has been investigating the possibility of establishing a college of surgeons in Canada.

"THY WILL BE DONE"

What should I ask of Thee, dear Lord,
Thou who hast boundless gifts to give?
Light of genius Thou could'st afford
To me, the longest day I lived.
A mind to strive my kind to serve,
To remedy this erring world,
And from this purpose never swerve
Till folly from her throne was hurl'd.

Give me the power—mankind to move,
Sorrow's pathway—the course of sin,
Supplant by joys—let grace approve
The longings of my soul begin;
Tears of pain I would brush away,
Which oft from aching hearts are wrong,
And for the sinner's soul I'd pray,
That Jesus' sweetest song be sung.

This world of error, blindless sin,
Is not of Christ's unfinished making.
He gave to man to strive to win,
The light of love from Heav'n breaking.
Then why should will to earth be sworn,
Love and will to earth be given?
Is loss no cross?—it's sad to mourn—
Oh! Christ forbid the loss of heav'n!

Pardon, sweetest dear Lord of love,
Thy child's erring, thoughtless dreaming.
Oh! yes, Thy priceless gifts above,
On me are ever, ever teeming;
Thou hast on me a gift bestow'd,
Thy image stamped upon my soul,
And written on my heart the code,
Love, obey,—see Christ point to the goal!

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The General Practitioner and the Health Centre

By Arthur B. Chandler, M.D.,
Medical Director Child Welfare Association, Montreal.

When we realize that the health centre has come to stay and that the present day general practitioners have graduated prior to the public health propaganda of to-day, we may well stop to consider how the education of the medical men may be brought up to date in this particular. Probably very wisely the Canadian doctor is conservative, and even now there are doubts as to the benefits to be obtained from health centres. This is not to be wondered at when one considers that for many years medical education has been dominated by pathology. More stress has been laid on what an organ looks like when damaged than what it is good for or how we can make the best use of it. Generally speaking, until quite recently our education on heart disease has been almost entirely confined to the pathology of the damaged heart. The tendency of to-day

is towards finding out what that heart can perform regardless of what valves are diseased. Similarly the student for years has been taught how to feed a "bottle baby," but little time has been devoted on how to prevent "bottle babies." It is here that the education of the doctor should begin.

The aim of the health centre, first, last and all the time, must be educational. Wherever this idea is departed from the value of the work is at once diminished. The people to be educated are primarily the mothers of the children, but, while of secondary importance, yet never to be overlooked, are the public health nurses, the local doctors and the general public. If more zeal were devoted to the education of the doctor, the path of the public health nurse would be easier.

It is but natural for the family doctor to at first look with suspicion at the advent of the health centre. He cannot help but wonder whether it will cut in on an income none too large for a comfortable living. No matter how enthusiastic one is for state assistance, it is never welcomed in competition with our own particular work. The union labor resents prison labor competing with it, as it tends to glut the market owing to the state assistance.

The family doctor must be approached and won over by showing how the health centre is intended to do work that he has never done. He has taught the public how to get well rather than how to keep well. His mind has been kept so long in the groove of the pathological that he cannot think in the terms of the normal. When the health centre is pictured to him as a place to educate mothers how to keep their children well, his suspicion is soon turned to approval and the work is welcomed. The family doctor loses a certain income from feeding cases, but more than makes up by treating acute conditions that might otherwise be treated at home without medical assistance. It is here that the health centre is a business-getter for the doctor when the least sign of illness develops. Should the centre treat sick babies, it at once deserves the resentment of the doctors who rely on this work for their living.

The success of the centre at once interests the active practitioner, and it is here that the educational value comes in. Should he wish to work in the centre, the opportunity should be given him. He should then be put in touch with the latest works on the care of children, especially those dealing with prevention rather than cure. He must revise his ideas on the importance of breast feeding, but especially on the results that can be obtained in maintaining and re-establishing the milk supply of the mother. Too much stress cannot be laid on this feature, as breast feeding is the great preventive measure in the fight against disease in childhood and possibly in adult life.

When a new centre is to be opened, the physicians in the district should be either called on individually, or invited to a conference where the plans can be laid before them. The health centre physicians should either be brought from another part of the city, or a rotating service

among the local physicians may be established. It is a mistake to give one local physician an appointment that excludes the others who wish to help. Jealousy may in this way be prevented, and, at the same time, a spirit of competition results in the work which is always good for the centre.

Regular conferences of the doctors engaged in this work should be held. In this way many ideas and successful measures are brought to the attention of all. It is surprising, too, how soon an esprit-de-corps is developed which soon results in a waiting list for appointments to the centres. In large cities these conferences may be opened to all the physicians in the vicinity, and it is surprising how many will take advantage of them if the programme is carefully prepared.

The pre-natal work may be arranged in the same way. There is room for as much improvement in obstetrical work as in the care of infants and children. The physician has never been able to teach women that they need early and frequent advice during pregnancy. It is still widely considered a natural undertaking which every woman is endowed at birth to go through with in the best way. Much is known already about the care the expectant mother needs, and probably much more will be known in the not distant future about her diet and life in order to produce the best offspring. The mortality rate of both mother and child is still far too high and shows small reduction as the years go by. The insufficient training of the doctors must be assisted by every possible means. The health centres may encourage the local physicians to improve their knowledge of obstetrics and may also stress the needs of education as to the necessity and possibility of breast feeding for every mother. It is here that the mother has relied too much on improper advice.

Our knowledge of the pre-school child is still very limited. Here we can help the practitioner by bringing the dental surgeon, the orthopedist, and the mental hygienist to the conferences. Their special work has never had the important place it should have in teaching medical students and the public about the care of children. Their presence at the conference of physicians provides new material that is sadly needed.

The Place of the Team Demonstration in a Public Health Programme

A new feature in health educational work was begun last summer, when team demonstrations in "home nursing" and "care of the baby" were organized in connection with the boys' and girls' clubs. The boys' and girls' clubs are organized by the Extension Service of the Manitoba

Agricultural Department for the purpose of stimulating a greater interest in farm life. Teams consisting of three members are selected to demonstrate one of the household arts, e.g., bread-making, sewing, etc. These teams are then divided into districts for competition by the Extension Service. When the teams are prepared to demonstrate, a judge is sent out through the province to score each team. The team receiving the highest marks in each district is then afforded the opportunity of a visit to Winnipeg, during the first week in September, to demonstrate in the final competitions which are held at the Board of Trade building. While in Winnipeg, the boys and girls live at the Manitoba Agricultural College under the supervision of the Extension Service. Medals are awarded the winning team in the final competitions by organizations, merchants and firms who are interested in the promotion of the various demonstrations.

The team demonstrations in "care of the baby" and "home nursing" were first planned as a means of making the work of the Junior Red Cross known, and were therefore made possible through the co-operation of the Provincial Board of Health, the Extension Service and the Junior Red Cross Society. The public health nurses selected the teams from their Little Mothers' Leagues, and trained them according to the outlines prepared by the Nurses' Department.

Thirty teams were enrolled, and these were divided into six districts, three districts demonstrating "care of the baby" and the remaining districts demonstrating "home nursing." The six teams and their leaders (the public health nurses), winners in their respective districts, who came to Winnipeg and took part in the provincial competitions, were: Carman team, Miss A. Hollingsworth, leader; Gladstone team, Miss R. Vidal, leader; Minnedosa team, Miss J. Stothart, leader; Warren team, Miss C. J. MacDonald, leader; Morden team, Miss G. Hall, leader; Virden team, Miss A. Stewart, leader.

The teams wore the emblems of the Junior Red Cross Society as a means of impressing their audiences that they represented a junior branch of a world-wide organization which is helping to strengthen the organized forces in public health work. And there is no doubt that they did create an impression by the interest aroused in Junior Red Cross work.

Mrs. H. M. Speechly, superintendent of the Manitoba Junior Red Cross Society, and Miss M. Martin judged the teams during the final competitions, and the prizes were presented by the Junior Red Cross Society. Gold medals were awarded to the Carman team, and to the captain of the Minnedosa team (Miss Lily Beddome), who won the prize for individual work.

As this is the first time that these demonstrations were introduced into club work, they were more or less in the nature of an experiment. The experts in team demonstrations who were present from Minnesota and Iowa specially commended the work.

As the work was an entirely new field in public health nursing, it all meant a great amount of effort on the part of all the nurses who trained the teams.

In addition to the competitive demonstrations, the teams have demonstrated in many places in their own districts, and through their own enthusiasm have done much to arouse an interest in the public health programme of the Board of Health—thus showing the possibilities for publicity in public health work, as well as the educational value of placing health subjects before the public in a popular way.

Unfortunately the "Outlines for the team demonstrations and suggestions for conducting them" are too lengthy to be given here, but further information may be obtained from the Public Health Nurses' Department of the Manitoba Provincial Board of Health.

ANNA E. WELLS, R.N..

Red Cross Classes in Home Nursing in British Columbia

By ANNA MAYBEE STABLER, R.N.,
Director of Nursing,
British Columbia Division, Canadian Red Cross.

Probably there is no province in Canada so greatly in need of home nursing instruction as British Columbia—in its rural districts. There is no other province carrying on this work as extensively.

The province is sparsely settled, excepting through the southern part, on Vancouver Island, and along the north shore of the Pacific Coast. Transportation is difficult, because the chain of mountains, which is a never-ending source of changing beauty, but which makes life difficult for the settlers in more ways than one.

It might not impress one as being a great hardship to live one hundred miles from medical aid, if the roads were good and an automobile were at hand. The situation confronting many of our settlers is often a very serious one, when accident or illness occurs, because of transportation difficulties in getting the patient to a physician, and because valuable time may be lost before medical aid can be obtained; furthermore, calling a physician from a great distance is usually out of the question, because of the necessarily heavy fees charged.

These are the chief reasons why this division of the Red Cross is vigorously pushing the organization of classes in home nursing in the rural parts of the province.

The public health nurses on our staff have conducted home nursing classes as one of the phases of their service, but the number of our nurses is pitifully small when one considers the vast stretch of country.

We employ travelling instructors, who are sent to certain districts to conduct the course in home nursing. These instructors must be qualified as organizers and teachers, and we aim to employ those who have had public health training. The organization of the classes must be undertaken by the instructor after her arrival in the district, although, preceding her arrival, we push publicity and aim to have the local organizations stimulate interest in the classes. The organization of ten classes to be held once a week, or five classes twice a week, calls for addresses to be made before various organizations, and interviews to be held with local leaders, in from five to ten different centers. We have a set of slides on home nursing which helps to stimulate interest. The clergymen are usually strong allies of the instructor.

The instructor uses a Ford car. Her classes are held at 3 and 7 p.m. daily. There are certain times of the year when it is not feasible to hold classes, in many districts. The roads in the newly settled parts of the interior are impassable for a Ford, and often difficult for a horse and cutter, during the winter. During the fruit season, viz., from the middle of June until the first of October, the women are too busy to attend classes. Fruit ranching is carried on extensively, and the women help in picking and packing. These exceptions leave only spring and fall for class work in many parts. Those who enroll keep up their attendance remarkably well. Often they have to travel several miles. The classes for these women, who are often weary from actual labor, consist largely of demonstrations. The examination consists of verbal questions and demonstrations, and each one is examined privately. A written examination would cause many of these women to refuse to enroll.

Our instructors are supplied with suit-cases, which are packed with equipment for class work. Articles which are not easily transported are supplied in the neighborhood. The articles found in the homes are used as far as possible, as they would have to meet the need in case of sickness. We aim to show ideal articles for sick-room use, but demonstrate the making and use of substitutes, which can often be found in a rancher's home.

The knowledge gained through the course is especially valuable to women in the isolated country districts; however, we are busy during the winter with class work in the cities. As a result of publicity concerning our home nursing classes, during the fall fairs in Vancouver and New Westminster, many requests were received for classes to be conducted in the cities. In October we enrolled 108 women in Vancouver, with a class held each evening, excepting Saturday. Closing exercises were held for these classes on February 2nd, and six new classes were started on February 5th.

Such a fine class spirit developed in some of the classes that they refused to disband, so they will take up definite volunteer work for the Red Cross. Several of the members asked whether the Red Cross had not another course which they could take up, "dietetics" being especially requested. A series of health talks has been planned for one of the classes, by request.

The women enrolled in the cities from various walks in life, many being teachers (including domestic science), bookkeepers, stenographers, telephone operators, saleswomen, factory-operators, waitresses, and mothers at home. In age they range from 18 to grandmothers. It is interesting to see how the old type of grandmother, who found nothing to learn about the care of children, is being superseded by the type that is more pleased than anyone in the class "to be able to bathe and dress a baby in nine minutes without turning it once!"

Our new city classes which are being started this week are held in Vancouver, with the exception of one, which is held in the Technical School, New Westminster, as an extension of the night school.

One of our classes consists entirely of the wives of soldier pensioners, who are members of a club.

In addition to our regular classes, with an enrollment of 100, we are giving a short course to the Girl Guides (second class) of Greater Vancouver, in order to enable them to qualify for their badges. We hope these girls may take the complete course later.

Our enrollment fee is $2.00, but the Red Cross never refuses to enroll a woman because of inability to pay the fee. Our city classes are self-supporting, but our country classes call for a heavy expenditure; however, the Red Cross feels that the dissemination of knowledge on home nursing (which includes hygiene and care of the baby) to all women, and especially to those who are long distances from medical aid, is one of the most important activities of the peace-time programme—in this province, at least.

One of the interesting "by-products" of our city classes has been the stimulation of a desire in several of the members to take the three years' course in professional nursing, which has resulted in more recruits for the profession.

The Public Health Nurse, the official organ of the National Association of Public Health Nurses in the United States, pays a very pretty compliment to public health nurses in Canada by publishing in the current number of that journal a symposium of three papers which were read before the Canadian Council of Child Welfare in Toronto last September.

The discussion in this symposium centred on "Attacking Infant and Maternal Mortality." The following papers read are published:

1. "In a City. The Halifax Experiment," by Jessie L. Ross, R.N., Chief Nurse, Massachusetts-Halifax Health Commission, Halifax, N. S.

2. "In Rural Districts," by A. Wells, R.N., Acting Superintendent, Nursing Services in Manitoba, Canada.

3. "In Pioneer Stretches," by S. M. Carr-Harris, Provincial Nurse, Province of Ontario, Canada.

Annual Report of the Public Health Association, Quebec Province

The Public Health Committee of the Association of the Registered Nurses of the Province of Quebec, in their annual report, show that the interest in the Public Health section of the C.N.A.T.N. is on the increase.

It is interesting to note that during the year three open meetings were held with the Canadian Nurses' Association of Montreal, at which the Public Health Committee were responsible for the programme. Several excellent papers were given on different phases of public health work that are of interest to all nurses, and were much appreciated by the whole group. This co-operation between the public health group and the general body of nurses indicates a most desirable trend in the nursing profession. While specialized groups need to meet to discuss their own special problems, it would be disastrous if any one group became isolated from the interests of the whole.

It's best to keep a-smilin',
For a smile's a kind o' net
That catches by beguilin'
Jest the things it wants to get.
So keep your smile a-spreadin'—
Crack a jolly joke or two—
An' you'll find that things come headin'
Straight for smilin' folks like you.

A fool always finds some greater fool to admire him.—BOILEAU.

Flowers are love's truest language.—BENJAMIN.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 12 Selby Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Report of Private Duty Committee of the G. N. A. O.

The Private Duty Committee of the Graduate Nurses' Association of Ontario have pleasure in presenting its second annual report on this the 20th anniversary of the Graduate Nurses' Association of Ontario. Looking back over these years, some of those present will recall that it was the private duty nurses who started this organization, and they have reason to be proud of the success which has attended their efforts.

At this time last year we had under consideration the question of insurance, chiefly sickness and accident, for nurses. This is now an accomplished fact, and we feel that it is one of the greatest undertakings on behalf of the members of our profession. Although all the nurses have not yet seen the wisdom of taking out an insurance policy, still we are pleased with the comparatively large number who have, and those who were unfortunate enough to be ill during this past winter have been more than satisfied with their investment and are the best advertisers of insurance. Heretofore, when nurses were ill, few, if any, could feel that they were able to collect any remuneration for their enforced time off duty, and many anxious moments were spent figuring out the cost of their illness. This is now a thing of the past to all who will but look a little ahead. Many of our profession are called upon to help support aged parents or younger members of the family, and, if no provision is made in case of sickness or accident, these dependents suffer.

Among the few insurance companies which will issue sickness and accident policies to women, the Continental Casualty Company of Chicago

presented the most popular form of policy, and the committee decided to recommend this company to the nurses. A few nurses, however, have taken out policies in the Yorkshire and the Toronto Casualty and Marine Company. The following is a statement to date from Mr. Flaska, agency supervisor:

"Since last June approximately three hundred and fifty nurses have bought accident and health insurance from the Continental Casualty Co., and outside of Toronto, but in the Province of Ontario, approximately three hundred, making a total of about six hundred and fifty.

"Approximately eighty claims were paid, fifteen of which amounted to less than twenty-five dollars, forty between twenty-five and fifty dollars, fifteen between fifty and one hundred dollars, three between one hundred and one hundred and fifty, and eight over one hundred and fifty dollars. At the present writing there are thirty-seven nurses who are sick and have not yet returned to work."

The question of annuities was also before the committee. The Royal National Pension Fund for nurses, of England, was investigated, and we thought possibly we might enter this fund, but we learned it is open only to graduates of the British Isles. We decided to turn to our own insurance companies, and Mr. May, actuary of the Sun Life, was consulted. He worked out a pension scheme which is superior to that of the Royal National Pension Fund. We wondered if the Dominion Government would be willing to provide a pension for the members of the nursing profession, and decided to enquire. Through the kind assistance of Dr. Helen MacMurchy and Mr. Irving Cameron, Mr. Bastedo, Superintendent of Annuities at Ottawa, was consulted, and, although very sympathetic as to our scheme, he feared the Government, which was already overburdened with just such demands, would be unlikely to consider us at all. However, he promised to bring the matter before the Minister at as early a date as possible, and in a few weeks' time we had a pension proposal from the Minister at Ottawa much more favorable to us than that of the Sun Life. The various details of the two proposals are given in the September issue of the *Canadian Nurse,* and I believe a printed copy of the Dominion Government scheme was mailed to each nurse in the province. Just how many nurses have taken advantage of this method of saving we cannot say, but the rates are good and the investment sure.

To the Toronto nurses must be given the credit for supplying the contribution each month in our section of the *Canadian Nurse.* However, we feel that during the coming year the private duty nurses from other cities and towns will assist us, so that the responsibility will not rest on a few of us in one place.

Several articles have been promised us by men prominent in the various branches of the medical profession, and we hope that our page may attain a standard of excellence.

We have endeavored to get in touch with each affiliated association, asking for one or more private duty nurses to be appointed to our committee. Out of a possible 56 we have received replies from 43 associations, and very many hoped to send a delegate to this convention. If they succeeded in doing this we should have an excellent representation from the province, and much good should result from our meeting together. With a little more effort we hope to arouse the interest of the thirteen associations who have not yet acknowledged our letters, and thus be in touch with each and every one.

At the Friday evening session Mr. W. J. Dunlop, of the University of Toronto, will speak on the "Short Term Extension Courses" and explain fully what the Private Duty Committee have in mind for two weeks this coming summer. We feel that very many of the nurses, not only in Toronto, but in various parts of the province, will be only too glad to take advantage of such a course as offered by the university. In connection with these classes the superintendents of the four university hospitals have been consulted *re* the giving of special clinics to the nurses at such time. In each case our request was received most kindly, and we were promised every assistance possible in making our first summer course for private duty nurses a success.

From time to time emergencies arise in various parts of our country, and during the present epidemic of typhoid fever in Cochrane no less than forty-nine nurses from the Central Registry, Toronto, have responded, and others are willing to go if necessary.

All of which is respectfully submitted.

HELEN CARRUTHERS,
Convenor.

Read at Annual Meeting of G.N.A.O., Peterboro, April, 1923.

IF YOU ARE OBESE, SHRINK YOUR STOMACH

Your stomach, long having been used to caring for more food than your system needed, is enlarged, and when you eat moderately there are the wide open spaces longing to be occupied. That is why you still feel hungry and unsatisfied.

Now if you will go on a three-day liquid or fruit diet, not totalling over 500 or 600 calories a day, this will reduce it to its normal size, and very much less food than you have been used to will satisfy you. Then you can easily go on your reduction diet as though it were a feast.

For these shrinking days I advise about 100 calories every two or three hours during the day. You will lose from five to ten pounds during this period, and it gives you a glorious start. After that it is not wise to lose over two pounds a week.—LULU HUNT PETERS, M.D., in *The Health Builder* for November.

Pupil Nurses' Department

Essay on Nursing Ethics

By Enid Greenham,
Junior Nurse, Children's Hospital, Winnipeg.

There are numerous definitions regarding the word "ethics." It has been said to mean the science which teaches the right thing to do, think, or say, at the right time; but perhaps one of the best means of expressing the word may be found in the words of Christ, "A new commandment I give unto you, that ye love one another as I have loved you." These words may appear vague on first consideration, but, if one thinks for a moment, one feels that they contain, in brief, every possible rule applicable to the individual or to the mass. They represent our Lord's whole teaching; and what can be greater than His rules, if followed in the spirit in which He gave them?

By ethics, then, is included not only personal etiquette, but the moral relationship — the kindly, courteous, helpful spirit which should exist between men and nations.

In the above, ethics has been treated as a general term; let it now be considered as it affects the individual or group of individuals.

Every person possesses, in a greater or less degree, a certain code of rules which shall govern their lives. A group of people banded together will possess certain rules which will apply best to their own particular field, but in all will be found the common ideal, the management of their particular sect, as may best bring about the highest and most proficient work.

As an example, take the nursing and teaching profession; both are out for the good of humanity, but each must make their own "ethical" laws as will best fit their own particular sphere of action.

Let us consider "nursing ethics," or how best a nurse may carry on her profession so that its highest ideals may be attained:

First, what could be considered as essential qualifications for a nurse? Certainly a good character; a good general health, bodily, mentally and morally; cleanliness and neatness of personal appearance; as good an education as possible; and last, but not least, a teachable, self-reliant, willing spirit.

Having found individuals with some proportions of these essentials, it follows that we must make rules, or ethics, which shall govern them.

We will turn, then, to the training school and begin with the probationer.

A probationary period, and the early nursing course immediately following, is not easy; it presents difficulties all unrealized. Everything is all so very strange and unlike any previous life. Inwardly, the probationer feels somewhat like a piece of cord which is rolled and twisted, turned and ordered at the will of all, and set to obey a list of rules, which seem to rise up like mountains in the path and appear utterly ununderstandable.

The first great lesson the probationer learns is that of implicit obedience to all orders given by the physician, superintendent, or head nurse. Next, she must learn deference, honor, and loyalty to her officers; and last, but not least, the great lesson of professionality.

Obedience: As the nurse continues with her training, she realizes more and more the necessity for it. In a time of crisis, someone must direct; and in the case of a doctor's orders, attention to the merest detail may mean the life or death of a patient. A doctor's orders must be carried out promptly.

Deference, Loyalty, Honor: To the woman with a good home training, the first should present a little difficulty. The young nurse will be ready and willing to show the courtesy and respect due to her superintendent and officers, as, for example, addressing them rightly.

Honor means not only the honesty with which the nurse carries out her work and the faithfulness with which she obeys the doctors, but it applies to her personal conduct with her patients, in that she must never divulge anything which she may learn or which may be confided to her keeping.

Hand in hand with honor goes loyalty—loyalty to her superintendent, to her school, and to her fellows. A nurse's loyalty and respect for her superintendent can be expressed in no better way than by holding the honor of her school sacred, by trying to keep her uniform and all it means unsullied, both in and after training.

Professionality: To the beginner and young nurse it represents many difficulties. It implies that, while on duty, a nurse must never truly be herself; it implies the learning of self-control, unselfishness, strict attention to her patients, and forbids familiarity with anyone. It stands for obedience and sums up the whole nursing profession. An unprofessional nurse casts a slur upon her school, for unprofessionality breeds carelessness.

Lastly, a nurse must pay attention to the rules governing hygiene, or she will not be giving her best to her patients, or profiting herself or her school.

These general ethical rules apply to seniors and juniors alike. Great responsibility rests upon the senior, for the juniors will watch her closely and any defects will be quickly noted. They will assuredly govern their own conduct by hers. Therefore a painstaking, trustworthy professional

senior nurse will get the best results from her juniors, for they will rely upon her judgment, respect and honor her as she deserves.

Stress has been laid on the need for professionality. It is a quality often hard to acquire and decidedly hard to keep, for in a hospital, where all are more or less known to each other, "familiarity breeds contempt," and carelessness of behavior. A certain Bohemianism is bound to exist when off duty, and the nurse wants to be well disciplined and to carefully watch herself, or trouble is sure to come, for the senior nurse can never expect to direct successfully those with whom she is on familiar terms.

So far the pure and simple rules have been dealt with. Now let "ethics" be considered from another standpoint, from the point of view of humanity.

In nearly all training schools of to-day "History of Nursing" is taught, and through it the nurse may solve all her ethical problems. With help she will see how the principles and practice of nursing have been handed down, and thus will gradually come to fully understand the true worth of what were once "tiresome rules." She will read of noble deeds, of heroic, self-sacrificing work. From the study may be conned the high ideals of the profession and all it stands for.

The nurse will early learn, and be told, that it is her bounden duty to be ready to go anywhere, at any time, and to do anything.

No woman should enter the profession who cannot feel the soul and spirit of nursing behind the practical work.

All nurses will at some time or other come in contact with the miseries of humanity. Let one and all strive to bring to their profession a love for humanity which shall teach them to give of their best to those in need, not alone by practical help, but by example and by giving their knowledge where they see the need, that they may benefit not only those in immediate need, but the generations that are to come. Strive to shrink from no human creature, however loathsome; remember that the Creator loved them and sent a Son to die for them, who went about healing, teaching, and doing good.

If the young nurse can only learn this human sympathy, then the nursing profession will realize its highest ideals and be worthy of its pioneers. In the words of Mother Fleidner, "Never sacrifice the soul of nursing for the letter."

Let us say with Vincent de Paul, "They shall have no monasteries but the house of the sick, no cells but a hired room, no cloisters but the streets of the town and the wards of the hospital, no enclosure but obedience, and, for convent bars, only the fear of God; for a veil they shall have a holy and perfect modesty, and, while they keep themselves from the infection of vice, they shall sow the seeds of virtue wherever they turn their steps."

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Programme of the C. A. N. E. Convention to be held at Toronto, June 6th, 7th, 8th and 9th.

JUNE 6—OPENING SESSION

2:30 to 5:30 P.M.

2:30— 1.	Address of welcome; Minister of Education for Ontario.	20 min.
2.	Response; Miss Edith C. Rayside, Montreal.	10 "
3.	President's address.	20 "
3:20— 4.	Report of Committee on Arrangements.	10 "
5.	Report of Committee on Programme.	0 "
6.	Minutes of last annual meeting.	
7.	Secretary's report.	
8.	Treasurer's report.	
9.	Correspondence.	
10.	Appointment of Committee on Resolutions.	
11.	Business arising from minutes, reports, and correspondence.	10 "
12.	Report of Committee on Membership; Miss G. Bennett, Ottawa.	5 "
4:20—13.	Report of Joint Committee of C.N.A.T.N. and C.A.N.E., appointed to bring in recommendations concerning the future policy of the organizations and membership of the C.A.N.E. and the future plans of co-operation of these two national organizations; Miss G. Fairley, Hamilton. (Discussion.)	60 "
5:15—14.	Report of Nominating Committee; Miss S. P. Johnson, Brandon, Man.	15 "
	Total - - - -	180 min.

THE UNDERGRADUATE STUDENT NURSE

JUNE 7—MORNING SESSION

9:30 to 12:30 A.M.

9:30— 1. Report of committee appointed to make a survey of practical work of the student nurses in the training schools for nurses, with special emphasis on special

training in tubercular, communicable diseases, and mental disorders; Miss E. MacP. Dickson, Weston. 60 min.

10:30— 2. Report of Venereal Disease Committee; Miss J. I. Gunn, Toronto. 15 "

10:45— 3. Report of Committee on Training School Records; Miss J. I. Gunn. 45 "

(Discussion by members of the committee from the point of view of the training school, organizations employing nurses, and the nurse herself.)

11:30— 4. Class-room equipment and facilities for teaching; Miss Nagle, Hamilton. 30 "

12:00— 5. Methods of maintaining the interest of the student in her patients; Miss Mary Martin, Winnipeg. 30 "

LUNCHEON

AFTERNOON SESSION
2:30 to 5:30 P.M.

2:30— 1. Report of Text-Book Committee; Miss F. M. Shaw, Montreal. 80 min.

(Followed by discussion of the relative value of text-books, lectures, practical demonstrations, conferences, and ward teaching.)

3:50— 2. Social and recreational interests of the student; Mabel F. Hersey, Montreal. 20 "

4:10— 3. Report of Y. W. C. A. Committee; Miss Muriel Martin. 60 "

(Discussion.)

5:10— 4. Interesting the student nurse in her alumnae association; Miss Elizabeth Flaws, Toronto. 20 "

(Discussion.)

JUNE 8—THE GRADUATE NURSE
9:30 A.M. to 12:30 Noon

9:30— 1. Report of Committee on Scholarships, including a statement of the present university courses for graduate nurses; Miss E. K. Russell, B.A., Toronto 60 min.

(Discussion—Miss Moag, Victorian Order of Nurses, Montreal; Miss Panton, Hospital for Sick Children, Toronto; Miss A. L. Campbell, Provincial Board of Health, Toronto.)

10:30— 2. Staff conferences in the training schools; Miss K. W. Ellis, Vancouver, B. C. 30 "

11:30— 3. Refresher courses for private duty nurses. (Member to be suggested by Miss Gaskell.) 30 "

11:30— 4. Summer Institutes and part-time courses for public health nurses. 30 "
(Discussion led by Miss Harriet T. Meiklejohn, St. John, N.B.)

12:00— 5. The need for hospital post-graduate courses in Canada; Miss Georgina Rowan, Toronto. 30 "

LUNCHEON

AFTERNOON SESSION

2:30 to 5:30 P.M.

Report of the Committee on Nursing Education, appointed by the Rockefeller Foundation. Discussion organized by Miss E. I. Johns, Vancouver, B. C. 180 min.

Conclusion 6. Reduction of course to 28 months.
" 7. Special training of superintendents, supervisors, etc.
" 8. Development of University Schools of Nursing.
" 9. Establishment of subsidiary grade of nursing service.
" 10. Finance in schools of nursing.

JUNE 9—FINAL BUSINESS SESSION

9:30 A.M.

Unfinished business.

Elections.

Resolutions, etc.

WESLEY'S RULE

Do all the good you can,
By all the means you can,
In all the places you can,
At all the times you can,
To all the people you can,
As long as ever you can.

The saddest thing that can befall a soul is when it loses faith in God and woman.—ALEXANDER SMITH.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Editor's Note:—The following items were printed by mistake under the heading of Toronto Western Hospital in the March issue. The mistake was discovered too late for insertion in the April issue:

Miss Bertha Smith is doing social work in New York City.

Miss DeBarr (1923) has been taken on the staff of S.O.R. at the Montreal General Hospital.

Miss Elsie Gruer (1917) has accepted a position on the staff of Highland Hospital, New York City.

Miss A. M. Cooper (1912) has gone to the Binghampton Hospital, Binghampton, N. Y., as dietitian.

Miss Sara Fraser, who for some years has been industrial nurse at Goodwin's Ltd., Montreal, has resigned her position for private nursing.

Miss Mary Peters (1919) has resigned her position in charge of the Montreal Dispensary for private duty.

Miss Agnes McPhie (1919) has resigned her position at Grande Mere Hospital, and Miss Grace Mackay (1922) has accepted a position in the same hospital.

Misses Clara McCrea (1922) and Libbie Aird (1922) have accepted positions in the Porchester Hospital, Porchester, N. Y., the former in charge of case room and nursery and the latter in charge of surgical wards.

Miss Marie Buss (1922) has relieved Mrs. J. Dunwoody (1918) in charge of the public ward floor in the M.G.H., while the former takes an extended trip to the Mediterranean.

Western Hospital, Montreal

A most interesting and instructive lecture, illustrated by lantern slides, was given in the Nurses' Home by Dr. MacEachran on Victorian Order Nurses' Work.

Miss Phelan has returned to the city after a three months' visit to Chicago.

Miss Kelly (1920) has resigned her position in New York and is now engaged in private duty.

Miss Marion Nash (1910) has been appointed supervisor in the Maisonneuve District, Victorian Order of Nurses, Montreal. Miss Nash is a graduate of McGill, Class 1922.

Miss Ethel Mount has resigned her position at the Red Cross Lodge, McTavish Street, Montreal.

Miss Margaret Leavitt has returned to duty, having recovered from a severe cold.

Miss M. Scriver, who has been a patient at the Western Hospital for some weeks, is improving.

Miss Damon and Miss Hamilton have accepted positions in New York.

The sum contributed towards the club-house for graduate nurses, Montreal, by the Western Hospital Alumnae, was over $700.00, being the amount raised at their table at the Ritz-Carlton bazaar.

Jeffery Hales' Hospital, Quebec.

At the recent meeting of the Alumnae Association they were much interested in an address by Dr. James Stevenson on "Regional Anaesthesia."

Miss Elizabeth Matheson (1920) has been appointed assistant night supervisor at Harper Hospital, Detroit.

Royal Victoria Hospital, Montreal

The graduation exercises of the class of 1923 were held on March 15th in the Nurses' Residence. Sir Vincent Meredith acted as chairman and also

presented the prizes, which were won by Miss Grace Kuhring, of Toronto, and Miss Ruth Graham, of Edmonton. Lady Holt presented the medals and diplomas, after which Dr. F. T. Tooke spoke briefly to the nurses. At the conclusion of the exercises, tea was served in the reception room.

The annual dinner given by the Alumnae Association in honor of the graduating class was held in the Ritz-Carlton Hotel on March 14th. There were 200 members present, and the guests were seated together at a table adorned with baskets of golden daffodils and purple iris. The following toasts were proposed: "The King," Miss Goodhue; "The Governors," Miss Eileen Flanagan; "The Doctors," Miss Pauline Ward; "Our Absent Friends," proposed by Miss Guernsey and responded to by Mrs. T. Oliver Hamilton (Miss Sara Chisholm, 1914); "Our Guests," proposed by Miss Mabel Lindsay (1898), was responded to in a bright little speech by Miss Marjorie Bell, the senior of the class of 1923.

Miss Irene Jackson (1918) has taken a position in the X-ray department of the hospital at Grande Mere, Quebec.

Miss Ruth Graham (1923) has been appointed assistant head nurse on the third floor, Ross Pavilion.

Miss Barbara Widder (1918), who has been seriously ill with pneumonia, is convalescing at her home in Paris, Ont.

* * * *

ONTARIO

Toronto General Hospital

Miss Georgia McCulloch (1921) has been appointed assistant superintendent of nurses at Toronto Orthopedic Hospital, and Miss Peacock (1922) has taken the position of instructress of probationers.

Miss Florence Armstrong (1918) has resigned from the staff of the Toronto General Hospital. She expects to enjoy an extended trip to Europe.

Miss Nettie Fiddler (1919) has taken charge of the emergency department.

Miss Ham (1920) has taken charge of the admitting department.

Miss Jean Menzies (1922) is to go to China shortly as missionary nurse under the Presbyterian Church. Misses Brodie (1922) and Cardwell (1921) are also going to China in September to do missionary work there.

The following nurses are in Cochrane assisting during the typhoid epidemic there: Misses Bertha Woolford, Flora Wilson, Muriel Locke, Laura Beal, Bessie Latter, Jessie Empy, Flossie Goulding, Frances Carnagie, Reta Veitch, and Laura Sime.

Toronto Western Hospital A. A.

Miss Grace Sutton (1920) has resigned from the staff of the Toronto Orthopedic Hospital for family reasons.

The regular monthly meeting of the T.W.H.A.A. was held on April 13th. A very interesting address was given by Dr. C. Stewart on "Arthritis." Arrangements were made to celebrate the 25th anniversary of the Training School on May 25th, 1923, when it is hoped that as many of the graduates as are able to attend will do so. It will be in the form of a reception and dance. The guests on this occasion will be the 1913 class.

London

London delegates to the G.N.A.O. annual meeting, held recently at Peterboro, returned with splendid reports of the convention. Among them were Miss Lenore Kinsella, delegate from St. Joseph's Alumnae; Miss Madeline Adams, delegate from Victoria Hospital Alumnae; Mrs. A. C. Joseph, first vice-president of the G.N.A.O.; Miss McDermid, in charge of public health nurses at Western University; Miss M. Rose and Miss E. McPherson, of the Victoria Hospital Alumnae. They were pleasantly entertained while in Peterboro, a banquet being tendered them by the Medical Association and Peterboro Chapter of the G.N.A.O., and a tea in the green room of the Y.W.C.A. by the Local Council of Women. The Motor League entertained the members by taking them in motors to all the principal points of interest around the city.

Most instructing lectures were given recently at the Academy of Medicine by Dr. A. J. Ochsner, of Chicago, on "Appendicitis, Gastric Ulcers and Cancer," and on "Tuberculosis of the Kidney and Bladder," by Dr. Austin, Porfessor of Surgery in Queen's University, Kingston.

Hamilton General Hospital

Miss Ada Scheifele (1922) is being sent to a hospital in Central India by the Presbyterian Foreign Mission Board.

Miss Grace Servos has been appointed industrial nurse for Canadian Westinghouse Co., Hamilton.

Miss Ada Squires has been added to the staff of assistants in the O.R., Hamilton General Hospital.

Miss Anna Thompson (1922) has accepted a position in the Lady Minto Hospital, New Liskeard, Ont.

Misses Ayrst and Creasor have resigned from the staff of the H.G.H.; the former to have charge of the children's surgical ward of the Long Island College Hospital, and the latter to be in charge of a private ward in the same institution.

The A.A. of the Hamilton General Hospital had a very successful "bridge" in the new residence of the nurses on April 10th, 1923, at which they realized $400.00 for the Memorial Fund.

Miss Carrie Lanaway has accepted a position in the Fox Memorial Hospital, Oneonta, in the Catskill Mountains, N. Y.

Miss F. Forrey is at the Herman Keefer Hospital, Detroit.

Miss Dorothy French has been appointed to the staff of the Stoney Wold Sanitarium, Lake Kushaque, N. Y.

Miss Christine Anderson and her sister, who were badly injured in an automobile accident three weeks ago, are both convalescing.

Miss Minnie Pegg has been to the school nursing staff in Wentworth County.

Royal Alexandra Hospital, Fergus, Ontario

Mrs. Gertrude Mickle, R.N., has resigned her position as superintendent of the Royal Alexandra Hospital, Fergus, on account of ill health. Much regret is expressed at her resignation.

Miss Lillian Shelton (Royal Alexandra Hospital, 1920) has been appointed superintendent of the Memorial Hospital, Dunville, Ont.

Peterboro

Miss Eva Archer recently resigned her position as assistant superintendent of the Nicholls' Hospital. Her marriage took place soon after leaving, and she was the recipient of much hospitality, including a party at the nurses' residence.

Miss Charlotte Gulliver has accepted a position in the Charles Dix Hospital, Gettas, South Dakota.

Fort William

On Sunday, March 25th, 1923, the Thunder Bay Nurses' Association held a sacred concert at the Orpheum Theatre in aid of the Nurses' Memorial Fund. A good attendance favored the nurses, and the programme was much appreciated. The sum of $157.00 was realized, which proved how successful it had been.

* * * *

MANITOBA

The ninth annual meeting of the Manitoba Association of Graduate Nurses was held in Winnipeg on Tuesday, January 30th, with over 150 members in attendance.

The morning session was opened by Archdeacon McElheran, when he referred to the nursing profession as being one of the greatest professions of the world and one that was doing the most for humanity, and urged the association to give more publicity to the work.

The president, in her address, referred to the higher education of nurses being necessary, and asked the hearty support of all in the effort of the Legislative Committee to obtain amendments to the Act for Manitoba.

Attention was called to our shortcomings and the crying need for better preparation for many branches of our work, and not only for better bedside care of the actual sick, but for a sounder and broader knowledge of the causes and prevention of illness; also to the 100,000 visits (apart from private duty nurses) made during the year by nursing organizations, and the tremendous possibilities of such contacts with the community—each nurse useful in proportion to her sympathies, her ideals, her breadth of vision, and her capacity for work and leadership. Emphasis was also placed on Canadian universities now giving post-graduate courses for nurses.

The recording secretary reported a most successful year, the association having a paid-up membership of 257, and 98 members who successfully passed the university examinations in June. Emphasis was given to the October meeting, when the association engaged the services of Dr. Olin Beard, of the University of Minnesota, as their contribution to the Hospital Association, which met in Winnipeg. His addresses and conferences were an inspiration to those who had the privilege of hearing him.

The treasurer's report showed a revenue of $1,148.97, with disbursements of $1,116.00.

Reports of other committees were given during the morning, including Nurses' Directory, Recording Secretary, Membership, Public Health, Private Duty, Red Cross, Memorial and Legislative, Nominating, Sick Visiting, and Programme Committee.

A Committee on Resolutions was appointed, to be composed of Misses Bersis, Johnson, Jaffres, and Mrs. Bruce Hill.

A most interesting round-table conference was held on the nursing problems, principally in connection with giving care to the middle classes.

In the afternoon Dr. M. S. Fraser, of the Provincial Board of Health of Manitoba, addressed the meeting on "Public Health in Manitoba."

Dr. Gordon Bell gave a most carefully prepared address on "Insulin Treatment for Diabetss," speaking of the research that led to the discovery of insulin, the form of treatment by same, and the results obtained.

Miss Spanner, of the Children's Hospital, gave a talk on the post-graduate course for nurses which was inaugurated at McGill University.

"Making a Better World," by Dr. McKay, president of Manitoba College, closed the afternoon session.

The evening session was also well attended, when Dr. Hugh Mackay gave an illustrated lecture on "Radium."

During the year the Manitoba Association purchased slides on "History of Nursing" from Dr. Abbott, McGill University, to be used by the different training schools of the province, and during the evening they were exhibited.

The following resolution was presented by the committee:

"Resolved, that the Manitoba Association of Graduate Nurses respectfully direct the attention of the Provincial Government of Manitoba to the conditions which exist regarding the establishment, maintenance and direction of training schools for nurses in connection with the hospitals throughout the province."

"These institutions, offering education to women in one of the most vital and difficult of arts, are to-day totally unsupervised. They are under no obligation to maintain proper educational standards nor to provide suitable teaching material or personnel."

"The directorates of many of our hospitals endeavor to maintain good standards, but the nurses of Manitoba feel that the proper instruction of nurses is of such vital importance to the community that nursing education should be recognized, supervised and controlled by the province, through and by the University of Manitoba, under which body the Nurses' Registration Act is at present administered."

The Manitoba Association of Graduate Nurses have been successful in obtaining amendments to their Act, as follows:

"The minimum standard of education for the student nurse must be one year high school or its equivalent."

"All hospitals maintaining a training school must be in charge of a registered nurse."

"All hospitals maintaining a training school, having a daily average of less than twenty patients, must provide affiliation for their students in a larger hospital, where they may obtain their education on subjects in which they are deficient."

* * * *

SASKATCHEWAN

Saskatoon

Miss A. M. Campbell, R.N. (St. Paul's Hospital, Saskatoon), has taken over the management of the Biggar Nursing Home.

At the regular meeting of the S.G.N.A. on April 3rd it was decided to hold a "rummage sale" to augment the general funds.

Miss M. E. Campbell was appointed to secure new subscribers for the "Canadian Nurse" magazine.

Regina.

The annual meeting of the Regina branch of the Registered Nurses' Association was held at the Baby Welfare on April 12th. Dr. Jacks gave a very interesting address on "The History of Surgery," which was much appreciated by the large number present. Miss Simpson, as convenor of the Provincial Memorial Committee, having made a request for a further contribution to the Memorial Fund, plans were made and special committees appointed to carry out the plans suggested.

The following officers were elected: President, Miss E. M. Lyne; first vice-president, Miss M. F. Gray; second vice-president, Miss MacGillivray; secretary, Miss C. Andrew; treasurer, Miss E. Nicholson.

* * * *

ALBERTA

Calgary.

A very enjoyable "bungalow apron dance" was held recently under the auspices of the C.A.G.N. Much amusement was caused by "arresting" those guilty of wearing silk dresses or stockings. Men wearing starched collars were also arrested. The offenders were taken to jail by Sheriff Green, of Washington.

A most instructive address was given at a special meeting of the association by Miss Jessie Errol, principal of the School for the Mentally Deficient, who spoke on her work. She told of the modern method of dealing with those unfortunates who have not the normal mind, and of the success shown by the results of such schools. A social hour closed a most interesting meeting.

Miss Eleanor McPhedran, R.N., registrar of the Alberta Graduate Nurses' Association, addressed a meeting of the C.A.G.N. on "Registration," showing just what the value to the public was, through the certifying by a responsible body, delegated by the legislature for this work, of the standards required by the nurses holding the R.N. certificate. Mrs. R. P. Stuart Brown, president, presided at both services.

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BRITISH COLUMBIA

The annual meeting of the Graduate Nurses' Association of British Columbia was held April 2nd and 3rd at the Heather Street Annex of the Vancouver General Hospital. Meetings of the Council were held before the general meeting on the afternoon of Easter Monday. The morning was taken up with group meetings of the three committees, those of public health, private duty nursing and nursing education. The public health meeting had, in addition to a round-table conference and question-box, short papers on "Follow-up Work in Tubercular Nursing," by Miss J. Peters, R.N., of the Rotary Clinic staff; Miss Mary Ard MacKenzie, R.N., of the University of B. C., a most interesting one

on "The Pre-School Age Child." Miss Jean Urquhart, R.N., wrote a paper on "Junior Red Cross"; while Mrs. A. M. Stabler, R.N., director of the Red Cross Nursing Service in B. C., took as her topic, "How to Improve and Maintain Standards for Health Nurses." Miss Farren addressed the nurses on "Rural Dental Clinics."

The meeting of the Private Duty Nursing Committee filled the morning session with business, followed by a round-table conference and question-box.

The Nursing Education Committee held a busy morning presenting the re-arranged curriculum and other necessary information for the accredited training schools of the province.

At the afternoon session, April 2nd, the invocation was given by Rev. C. C. Owen, followed by an address of welcome from the Vancouver Medical Association, given by Dr. Mason, president. Miss A. McLellan, president of the Vancouver G.N.A., also welcomed the visitors, and the response was given by Miss K. Stott, president of the New Westminster G.N.A. The remainder of the afternoon was given up to business, excellent reports being given by the president, Miss Elizabeth Breeze; the secretary, the registrar, and standing committees. Special reports were given by Miss Breeze on the "Memorial Fund Committee," and the "Annual survey and report on conditions in the training schools of British Columbia" was given by Miss Randal. The Nursing Education Committee had charge of the evening's programme, which consisted of a splendid address on "Anaesthetics," by Dr. Freeze, and demonstrations of nursing procedures, given by the nurses of the Vancouver General Hospital.

Tuesday's meeting held the interest of those attending by papers: "Reminiscences of a Private Duty Nurse," sent in by a Victoria nurse; "The Teaching of Materia Medica," by Miss Margaret Fraser, instructor, V.G.H. and "The Private Physician and the Public Health Nurse," by Dr. E. D. Carder. Some unfinished business closed this session.

Dr. Alison Cumming addressed the nurses at the evening's meeting, taking as his subject "The Insulin Treatment of Diabetes," while Dr. C. Wesley Prowd held their interest by an address on "Radiotherapy." The announcement of elections showed that all the officers had been re-elected by acclamation, with Misses Stott and McAllister, of New Westminster; Miss Morrison, of Victoria; Misses Ellis and L. Archibald, of Vancouver; Miss A. L. Boggs, of Kamloops; and Miss Black, of Prince Rupert, elected as councillors.

Afternoon tea was served at the Nurses' Residence each afternoon. On Monday the members were the guests of the Alumnae Association of the Vancouver General Hospital, and on Tuesday the Vancouver Graduate Nurses' Association acted as hostesses for them. A large attendance, with keen interest shown, was an encouraging sign to all who had worked hard to arrange the programme and entertainment.

Vancouver

The graduating exercises of the 1923 class of St. Paul's Hospital were held April 12th in Lester Court, Vancouver. The following received the diplomas and pins from the school: Misses Bertha L. Girard, Mary Murphy, Matilda R. Diedericks, Blanche V. Lord, Marjorie A. Evans, Agnes J. Herres, Isobel M. Thomas, Margaret L. Zink, Lena C. Wirth, Helen C. Lutes, Helen M. Ross, Orisa M. King, Ethel A. Wilkinson, Alex. M. Kerr, Moira T. Dianahan, Hilda Massey, Katherine M. Doumont, Elizabeth Calladon, Clara Smith, Marjorie M. Mason, Anna H. Vatnsdal.

Pins and diplomas were distributed by His Grace Archbishop Casey and Mayor Tisdal. Special prizes were won by Misses M. Murphy, Alex. M. Kerr, L. Wirth, C. Smith, Marjorie Mason, B. Lord, E. Calladon, and M. L. Zink.

The regular meeting of the V.G.N.A. was held April 4th and was well attended. The speaker of the evening was Miss Bollert, Dean of Women, University of British Columbia, who gave a most interesting and entertaining address on "Folk Lore." Several names were added to the membership list. Addresses were given by Mayor Tisdall, Rev. Father Boyle and Dr. Vrooman. Dr. H. Storrs was the chairman and introduced those friends who so kindly gave their services to provide a most excellent programme of music and recitations.

Mrs. Anna Stabler, R.N., will speak to the nurses at the May meeting on "Industrial Nursing," and Miss Jean Urquhart, R.N., on "The Junior Red Cross."

The Alumnae Association of the Vancouver General Hospital held a springtime tea, with fortune-telling, in the Nurses' Home on Saturday afternoon, April 28th. An excellent musical programme was given. The proceeds are to be used in connection with the reunion of the Alumnae in June.

Victoria

The April meeting of the Victoria G.N.A. was held on April 15th at the V.O.N. Home. Those present showed a keen interest in the report of the provincial convention held Easter Monday and Tuesday in Vancouver. Much satisfaction was expressed with the report of the Memorial Committee, and also at the news of a summer course at the University of British Columbia for nurses.

The rummage sale had realized $70.00 for the purpose of refurnishing the nurses' memorial room at the Royal Jubilee Hospital.

A most successful dance and card party was held at the Royal Jubilee Hospital Nurses' Home, where about 150 dancers gathered to enjoy the results of the preparations arranged by the committee in charge. The proceeds were for the fund for refurnishing the memorial ward in the hospital.

The sympathy of the nurses was expressed for Miss Hardie, whose mother died recently.

St. Joseph's Hospital, Victoria.

The class of 1923 of St. Joseph's Hospital, Victoria, held their graduation exercises on April 12th at St. Ann's Academy Auditorium, Victoria. The following comprise those who received diplomas and pins on this occasion: Misses Elizabeth M. Collins, Margaret McNeill, Jeanne F. V. Robbins, Phyllis A. Carter, Nina E. A. Turner, Illace E. Gardner, Cecelia M. C. Roy, Mary L. S. Walsh, Margaret H. Muir, Agnes M. Lee, Dorothea McBride, Kathleen C. H. Fraser, Birdie M. Service, Dorothea E. Riddell, Frances M. L. Whillans, Helene L. Elliott, Mae I. Cashen, Mary A. MacKenzie, and Dorinda A. G. Floyd.

Nanaimo General Hospital

The graduation exercises of the 1923 class of the Nanaimo General Hospital were held on March 22nd, 1923, at 7.30 p.m. Those graduating were: Misses Nellie M. Gable, Olive Green, Dorothy A. Haggart, and Mary B. Walker.

The exercises were held in the Forresters' Hall, which was decorated for the occasion. Addresses were given by Dr. McPhee, Dr. Brown (president of the Hospital Board), and Miss Helen Randal, R.N., registrar of the G. N. A. of B. C. The Florence Nightingale pledge was taken by the nurses. Diplomas and pins were presented by Miss Rose, R.N., superintendent of nurses. A musical programme added materially to the enjoyment of the guests. Following the formal exercises, a reception with dancing closed the delightful function.

BIRTHS

Cameron—At East River, St. Mary's, Pictou County, Nova Scotia, on March 3rd, 1923, to Mr. and Mrs. John McK. Cameron (Martha H. Dickson, Jeffery Hales' Hospital, Quebec, 1910), a daughter.

Carlisle—On Easter Sunday morning, April 1st, 1923, to Dr. and Mrs. Vernon Carlisle (Helen Cringan, Toronto Western Hospital, 1920), of Mount Dennis, a son.

Matson—At Sault Ste. Marie, Ont., on March 20th, 1923, to Mr. and Mrs. Matson (Gertrude Conlin, Riverdale Hospital, Toronto, 1918), a daughter.

Rose—In Vancouver, B. C., at the Bute Street Hospital, to Mr. and Mrs. J. B. Rose (Ethel Boultbee, Vancouver General Hospital), a daughter (stillborn), on April 12th, 1923.

Russell—To Mr. and Mrs. Russell (Grace Douglas, Western Hospital, Montreal), a daughter, at the Montreal Maternity Hospital.

Shaw—On April 4th, 1923, at the Private Pavilion, Toronto General Hospital, to Lieut.-Col. and Mrs. John A. Shaw (Jessie Anderson, Toronto General Hospital, 1921), a son, James Randolph.

Slee—On January 9th, 1923, at Kuala Lumpur, Malay Free States, to Mr. and Mrs. Arthur B. Slee (Monica Green, R.N., St. Joseph's Hospital, Victoria, B. C.), a son.

Thompson—At the Cottage Hospital, Toronto, Ont., on March 8th, 1923, to Mr. and Mrs. Walter H. Thompson (Mae Morningstar, Riverdale Hospital, Toronto, 1917), a daughter.

MARRIAGES

Campbell-Baker—In Calgary, Alberta, February 16th, 1923, Bernice Baker (St. Paul's Hospital, Saskatoon, 1918) to Mr. A. Campbell, of Saskatoon. Mr. and Mrs. Campbell will reside at Suite 5, Rideau Apartments, Saskatoon.

Davidson-Golightly—On March 1st, 1923, Jessie Golightly (Royal Alexandra Hospital, Fergus, Ont., 1920) to Nelson Davidson, of Fergus, Ont.

Dunn-Crowe—On March 29th, 1923, at the parsonage of the bride's brother-in-law, Rev. A. P. Wilson, 325 Soudan Avenue, Toronto, Mary Johnston, daughter of Mr. and Mrs. Alexander Crowe, 60 Coursol Street, Montreal, Que., to Samuel Dunn, of Montreal.

Laidlaw-Thomson—At Hagersville, Ont., on March 7th, 1923, Ellen M. Thomson (Hamilton General Hospital) to Mr. Frank Laidlaw, of Jarvis, Ont.

McDougall-Frasier—On Thursday, March 22nd, 1923, Mabel Helena McDougall (Royal Victoria Hospital, Montreal, 1920) to Mr. Karl Parkinson Frasier. Mr. and Mrs. Frasier will reside in Philadelphia.

Morse-Trowhill—On February 6th, 1923, Ina Trowhill (Royal Alexander Hospital, Fergus, Ont., 1920) to George Morse, Cleveland, Ohio.

DEATHS

Wrinch—At her home at Hazelton, B. C., on March 11th, 1923, Alice Jane, dearly beloved wife of Horace Cooper Wrinch, M.D. Mrs. Wrinch was a graduate of Grace Hospital, Toronto.

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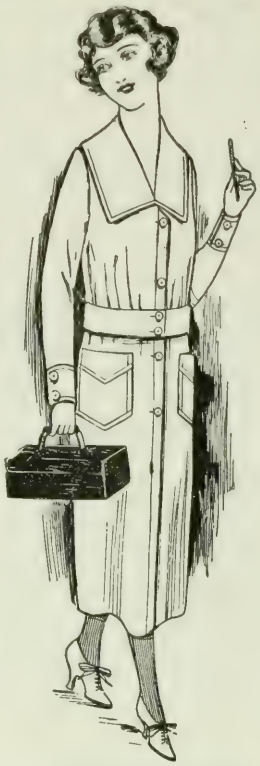

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"Canadian Nurse" Representative, Miss A. L. Burns, Moncton.

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Representative to "Canadian Nurse"—Miss M. MacKenzie.

Visiting Committee—Nurses Mayhew and Jack.

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Regular Monthly Meeting—Second Thursday.

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Social Committee—Mrs. Roy Wiggett, 80 Court Street; Miss Ella Morisette; Miss Evelyn Arguin.

"Canadian Nurse" Representative—Miss Gladys Van.

Regular Meetings—Second Tuesday in each month, at the Nurses' Residence.

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Convenor of Programme Committee—Mrs. A. F. Argue.

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Convenors of Committees—Finance, Miss Trench; Sick Visiting, Miss Le Drew, Miss Francis.

Representative to "Canadian Nurse", Miss S. Dewer, 786 Shuter St., Montreal.

Regular Monthly Meeting, third Wednesday at 8 p.m.

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Representative to the Canadian Nurse—E. Routhier, 4 Oldfield Ave.

Regular Monthly Meeting—First Thursday at 8 p.m.

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Canadian Nurse Representative—Miss E. G. Miller.

Regular Meeting, First Friday of each month at 8.30 p. m.

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Regular Meeting—First Monday of every month.

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Programme Committee—Mrs. Eyre, Misses White, Ashplant, Foster and McLaurin.

Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

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Monthly Meeting—Third Wednesday, at St. Joseph's Assembly Hall.

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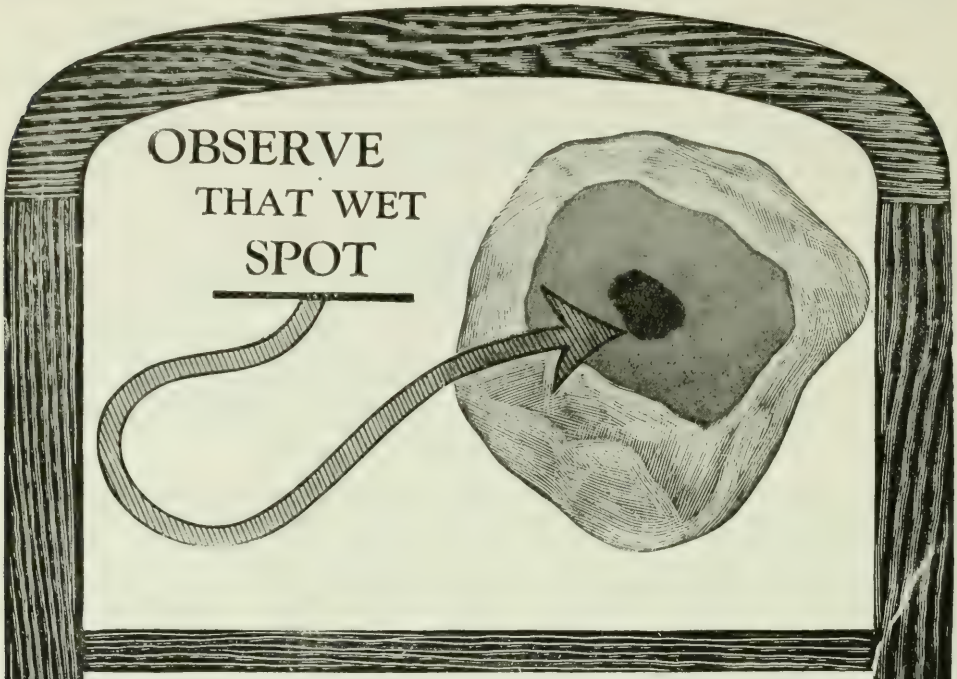

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Regular Meetings, First Friday of each month at 8 p.m.

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Meeting, Third Thursday at 8 p.m.

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Regular Meetings—Second Thursday of each Month.

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"Canadian Nurse" and Press Representative—Miss Anna M. Goodfriend, 256 Princess Street, Kingston, Ont.

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Sick Visiting Committee—Misses H. Fagan and A. Brohman.

Representative to Central Registry—Miss T. Gurry.

Representative on "Canadian Nurse"—Miss E. Dermody, 157 Catherine St., South.

Regular Meeting—First Tuesday, 4 p.m.

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"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

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Central Registry Representatives—Mrs. Reynolds, Miss Kerr, Miss Roadhouse, Miss Pegg.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett, Miss Ainslie, Miss K. Peart.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Representative to "Canadian Nurse"—Miss Myrtle Bennett, 71 Hincks Street.

Regular Meeting—Second Wednesday, 8 p.m.

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Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

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"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

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Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

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Regular Monthly Meeting—Second Monday, at 8 p.m.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

Memorial Committee

Report of the meeting of the Memorial Committee, held April 26th, 1923.

TREASURER'S REPORT

The treasurer submitted the following report, dated April 21st, 1923:

Receipts—

Ontario	$12,894.58
Quebec	7,293.63
British Columbia	4,661.95
Saskatchewan	2,948.90
Alberta	1,811.55
Manitoba	1,745.23
New Brunswick	960.65
Carried forward	$32,316.49

Brought forward	$32,316.49
Nova Scotia	814.33
Prince Edward Island	324.90
United States	15.00
Interest	161.66
Total	$33,632.38
Expenditure	121.70
Balance in bank	$33,510.68

REPORT FROM BUSINESS COMMITTEE

Miss Gunn had received the following verbal report from Mr. Larkin, which she communicated to the committee, viz., that the Business Committee had gone carefully into the question of costs for the memorial to be placed in the Hall of Fame, and that they had decided that $35,000.00 would cover the entire cost.

The secretary then submitted a new objective for each province, based on the lower estimate. It was decided that the secretary should communicate at once with each province, informing them that the estimate has been reduced to $35,000.00; asking them to send all funds that are now in hand to the national treasurer as soon as possible so that she may find out exactly how much money has been raised; to stop collecting funds in the meantime, as it appears probable that the total amount desired has already been raised; and that the secretary should promise to write the provinces further instructions as soon as a report is obtained from the national treasurer of the final collection from every province.

E. KATHLEEN RUSSELL,
Secretary.

RULES FOR GOOD DIGESTION

In order properly to digest your food, it is necessary to have real co-operation throughout all the army of workmen concerned in the process. So here are some rules that help toward that end:

(1) Do not eat unless you are hungry! If you persist in eating just because the clock says it is meal time, you will eventually regret it.

(2) Thoroughly masticate whatever you do eat. I mean this literally. Just keep on chewing until the food goes down of its own accord.

(3) Be moderate always.

If you really follow Rule No. 2, the last is unnecessary. Learn to hear that small voice within that says, "Enough—I need no more," and do not tempt yourself or others by dainty bits when you have had what you need.—C. RICHMOND, D.O., in *The Health Builder* for March.

Brains In Nursing

An Address given recently by Sir Michael Sadler at the Prize Distribution at Leeds General Infirmary, Leeds, England.

This, said Sir Michael Sadler, is the first occasion upon which we have met since the University of Leeds instituted the nursing diploma, which was conferred for the first time by a vote of the court of the university, "honoris causa," upon the lady superintendent of the General Infirmary at Leeds, and is now held by others.

In recognition of the fact that experience and practical training are the indispensable foundation of a nurse's professional equipment, the university requires that, before presenting themselves for examination for a nursing diploma, candidates must have completed four years' hospital training in a general hospital recognized for the purpose. That four years' hospital training must include instruction and tuition in ward nursing, the principles of surgical technique, sick-room cookery, etc., and other necessary parts of a nurse's qualifications. But the main purpose of the university in establishing the diploma is to accentuate the value of other factors in a full training for a great profession, namely, an adequate standard of general education and the systematic study, helped by lectures, demonstrations, and tested by written, practical and viva voce examinations in all the various subjects. I have, therefore, taken as the subject of this address, "Brains in Nursing," not because any of us ignore the part which brain-power takes in the mastery of technique through practical experience, but because we believe that natural ability may be developed and matured by systematic intellectual work before and alongside of infirmary and sick-room practice, and, I will hope, with the qualities which are good strengthened and developed.

Tact

Tact is a precious quality in a nurse. It helps her to get things done as they should be done, without temper or friction; but tactlessness is infectious—happily so is tact. We are imitative creatures—more imitative than we know. There is often tact in not saying things; there is brain work sometimes in holding our tongues. Some thoughts, even a nurse's thoughts, should be too deep for words. Whether tact can be taught or not, it can be caught, caught almost imperceptibly, like good manners from one's elders and from companions—a good deal of the finest education comes from being imbued with a fine tradition. I suppose that some schools have a tradition of good manners, a university may have a tradition for friendliness, and an infirmary a tradition of tact. That would be what an American would call a "bull" point in a diploma of nursing.

Insight

Insight is another thing worth having, if you have not too much of it. Like other virtues, insight is a mean between two extremes: it lies

halfway between prophecy and suspicion. It sees how much there is to understand, understanding it forgives, and forgiving it understands. Insight is akin to imagination, and, like it, is the gift of nature rather than of education. But education can deepen insight just as it can stimulate and train the imaginative power. How it does it is not easy to say—it has to begin early, and that is why the first years of education are of such extraordinary importance. It does it less by direction than by what one may call "presenting a diet for the mind." It feeds the mind on the right things, and is careful not to overfeed it.

Imagination

Imagination, like tact, is caught rather than taught, but of the wisdom of his immense experience Goethe said that "Character makes character." Imagination in the same way is caught from imagination, not only from its living presence, but from the imprint which imagination has left; it may be long ago in music, in architecture, in pictures and in books. Insight, imaginative insight, is a good endowment for a nurse—it divines things which may not be strictly medical and surgical, but which matter in the sick-room—a biologist has told us what he learned at Oxford from Rolleston. A high standard of exactitude? Yes. Caution and courage in reasoning? Yes. But something more fundamental than these: the power of seeing things, actually seeing them under the microscope. You go out for a walk in the woods with a skilful naturalist—without appearing to teach one, how much he helps one to see! How blind one feels when, time after time, he sees things you would have passed unnoticed! How he skins your eyes! And this is education, the education which matters most, though it needs to insist upon much else beside before it can complete its work. To notice things is part of the skill of a nurse. And I suppose that one of the best things one gets from a competent and thorough education is the habit and power of taking notes systematically and accurately, and arranging one's notes so that they may be ready for instant use. The educated mind classifies its impressions, groups them as they should be grouped, retains what is essential, reflects over them and draws conclusions from them, revises these conclusions when it discovers them to be incomplete, and keeps just below the threshold of conscious memory a multitude of other impressions and observations which, though discarded at the time, "come in," as we say, later and find their place in our fuller and riper knowledge. It is this power of selecting, recording and reasoning upon what we observe that education can train and strengthen. There is a moral element in it as well as an intellectual, and there is a physical side to the process too.

True Education

But true education is a subtle blend of the physical, the intellectual and the moral. It is not enough to be good; there must be mind in the goodness. It is not enough to be clever; there must be goodness mixed with the cleverness. And it is not enough to be born with a mind as

sensitive as a photographic plate—the power of selecting what, for our particular purpose, is worth notice is indispensable to judgment. And, however instructive the selection, however automatic it may appear through long practice to have that power of selecting the relevant out of a multitude of things relevant and irrelevant, it is a power of the mind. In the habit of taking notice, in learning what to notice, in noticing the right things, lies much of the brain work of a nurse. There is another function of the mind, important in all responsible work, and therefore in nursing, which, for want of a current word, we may call "rehearsing beforehand." It is a pleasant and interesting occupation of the mind, and saves trouble "on the day." You have a more or less intricate procedure to plan ahead: a variety of contingencies to be ready for; your resources must be marshalled beforehand and cannot be improvised at the last moment. So you sit down and imagine. You think out in detail how you want things to go, what must be ready and might be necessary at the right time. What may happen and, if it does happen, what shall we do? And so on, anticipating possible events, planning the best arrangement, seeing it all in the mind's eye, vividly and quickly, but in order and without wool-gathering, or shirking of difficulties, or excitement, except the healthy excitement of the mind when it uses its powers and goes hand in hand with forethought and judgment. This is brain work which education and self-training teach one how to do. If we are taught, and take the trouble to teach ourselves how to do it, we can think, as Stevenson said, of "a number of things" and brigade them into ordered columns for review. This is the secret of good administration with brains in it, the administration which goes so smoothly that it can keep out of sight when the time comes for the realization of what it has foreseen and provided for. And in a nurse's work, whether done singly or in a team, there is need for this element of imaginative forethought, for the rehearsal in the mind.

Character

But though brains help in making character, character calls for more than brains—and in nursing, as in every other vocation, nothing counts so much as character. Education is worth very little unless it trains us to be able to do things which we ought to do even when we may not be inclined to do them. Those horrid things, examinations, which it is impious to worship but risky to neglect, can at any rate teach us to do things against the grain, against some distant day of testing judgment. How often must a good nurse wish that she could lie on the sofa and read a novel instead of doing what she knows she ought to do! Brains help us to a right decision even in these difficulties, because they give us strength of mind to see what is really at stake, and to keep ourselves, however unwillingly, to the point of our duty. But something that is not purely brainy helps us even more, and that is *esprit de corps*. . . . There are times when it may make a good deal of difference to remember that something much bigger than our individual selves are involved in our playing the

game. The honor of our calling helps us, and in a living ideal of honor there is an intellectual element which keeps it fresh and free—and *esprit de corps* with this intellectual thoroughness in it makes hard work easier to do. A good nurse, like a good teacher, is born and made. She is born with aptitude, hand, mind and temper. She is made by instruction, self-training and experience. Both on the moral and the intellectual side brains tell, and brains are developed by training. Perhaps the last and best lesson that we can learn is to be content with our duty, and to bear what we are set to bear loyally, bravely and cheerfully.

—*The Nursing Mirror.*

SPLINTERS FROM THE CROSS

Little headaches, little heartaches,
Little griefs of every day,
Little trials and vexations,
How they throng around our way!

One great cross, immense and heavy,
So it seems to our weak will,
Might be borne with resignation,
But these many small ones kill.

Yet all life is formed of small things,
Little leaves make up the trees,
Many tiny drops of water,
Blending, make the mighty seas.

So these many little burdens
Pressing on our hearts so hard,
All uniting, form a life's work,
Meriting a grand reward.

Let us not, then, by impatience
Mar the beauty of the whole,
But, for love of Jesus, bear all
In the silence of our soul.

Asking Him for grace sufficient
To sustain us thro' each loss,
And to treasure each small offering
As a splinter from His Cross.

The European Council for Nursing Education Second Annual Meeting

By KATHERINE M. OLMSTED
Bulletin, League of Red Cross Societies.

The European Council for Nursing Education held its second annual meeting at the headquarters of the League of Red Cross Societies, Paris, March 12-16, 1923. About three hundred nurses from eighteen different countries attended the conference.

It was not just the interest of the special papers and individual speakers, nor even the great pleasure and satisfaction of having an opportunity to meet and become acquainted with nurses from so many countries that made this recent meeting in Paris unique and different from all other nursing conventions I ever attended. To my mind, the spirit of unanimity and the definitely recognized interdependence of nurses and those interested in promoting nursing education was the greatest contribution this meeting gave.

As never before, it was acknowledged that the interests of a group of nurses in one country are really not separate from those of any other country, and that in discussing nursing education persons not themselves nurses often have ideas, suggestions and plans well worth listening to and often worthy of adoption even by nurses.

Not less important was the value of having hospital administrators, Red Cross officials, doctors and persons actually responsible for the education of nurses, and in some countries the lack of education, hear the many very excellent papers and discussions read by nurses who are successfully administering training schools in near-by countries.

No one who attended this meeting, called by nurses and conducted by nurses, would question their wisdom in opening all but the business meetings freely to everyone interested in nursing, if they could have seen and listened to the many earnest conversations on all sides. Heads and tongues were busy, and many of us overheard remarks such as: "Well, if they can do that in ——, we can do it in ——"; "We can have a longer course just as well as not"; "We, too, must have a modern central school building." In one country where nursing standards have always been at a very low level and no one at all interested in helping a few struggling nurses to improve it, a most influential and well-informed woman has returned with the determination, she says, "to have something worth while for our nurses to tell about at the next conference." The conference demonstrated convincingly that we need this means of thinking together, and further that we need the benefit of joint judgment and free open debate upon our nursing problems.

Just as each group is profoundly affected by the seriousness of the nursing questions arising in its own country, so it is the direct responsibility of each to help to solve them.

The European Council for Nursing Education is scarcely a year old. Born only last June in Prague, it has scarcely had time to formulate its policies, and as its president, Miss Newton, from Belgrade, aptly remarked, "We thought we had a pigeon, but we find we have an ostrich." All plans are made for a small group of nurses to comfortably discuss their problems together, but the spirit which brought so many nurses from countries advanced in nursing, and so many advanced thinkers from countries considered very backward in nursing, is a spirit and a force which cannot be dealt with easily nor carelessly.

The remarkable interest and enthusiasm of all those attending the conference gave life to a new organization, and plans are being made and methods being studied in order to successfully adapt this organization to meet the needs for future work.

I believe that in the minds of many of us are the questions, "What shall be the future of this organization?" and "Is there a need for such an organization and special work to which it should consecrate itself?"

I believe that the very near future will show us that it must enter upon a much broader programme than was ever conceived in Prague last year by the few nurses who originated the council and who met solely and selfishly for the purpose of discussing and gaining stimulation and new ideas for themselves from those similarly occupied in other countries. Much thought will undoubtedly be put into the formation of a suitable constitution for the council, but the following aims expressed in the original are worthy of survival:

1. The further attainment of uniformly high standards in schools of nursing which are being established in Europe.

2. The initiation of a campaign of education destined to inform the public as to

(a) The standards requisite for a fundamental education in nursing;

(b) The position which the nurse should occupy in the community after her graduation.

3. The establishment of a simple organization which will serve the nurses until such times as they are able to form their own national association and become members of the International Council of Nurses.

It has been said that successful conferences are dependent upon certain elements, of which several important ones are leadership, the development of membership, and presentation of concrete problems for solution.

Before the first few days of the meeting were finished several leaders became recognized; the first and most generally acknowledged was Baroness Mannerheim. Had we not known that she represented, as president, the International Council of Nurses, had we never heard of her magnificent work for nurses in Finland and throughout the Scandinavian countries, she would still have stood forth as a leader, distinguished above others by efficiency, strength, wisdom and a sense that she was filled with human sympathetic feeling and understanding that

endeared her to all. Miss Enid Newton, the new president of the European Council for Nursing Education, gained the admiration and respect of all by her frankness, her fairness, her tact, and her ability to look beyond the harassing problems of the week into the clear and promising future of the council. Her strong personality and her sense of humor won all our hearts.

Membership was eagerly sought and many applications were received, but, owing to the necessity of making certain changes if possible to formulate an organization coincident with and in co-operation with the International Council of Nurses, no action will be taken immediately upon membership applications received.

A great many concrete problems for solution were presented, and ranged from the problems of the schoolroom to those of an organization best fitted to allow fair open discussions on all the vexed questions.

Perhaps this organization will never make a greater contribution to nursing than to have crystallized this vague group consciousness. It may well serve, during these uncertain times, as the medium through which we who are interested in nursing can think and work together. It has already been a clearing house for our ideas and a forerunner of our discussions. In our enquiry as to the apparent and special need for this organization, let us first consider its particular make-up.

It holds a unique position as a voluntary body of the workers in the field, democratically organized and representative of all parts of Europe, all varied types of nurses; it exists alike for all, to serve each and any group in so far as its funds and its policies, which should be passed upon by all, permit.

In other words, here is the official body, representing experts working in the field of nursing, to be consulted by all and developing itself to provide a particular service that will benefit all groups interested in nursing.

At present there is in Europe no other organization of this type to which individual nurses or people interested in nursing can belong.

The International Council of Nurses is a goal toward which organized nursing councils in countries advanced in nursing can and should aspire, but it is to the European Council that nurses and individuals struggling toward developing nursing in its infancy can turn for encouragement and help. The members are for the most part pioneers in nursing in countries where there are few nurses and no national organization, where nursing standards depend not upon legislation or public opinion but upon the initiative, the intelligence and the fortitude of perhaps but a few people.

It is to these people, some of whom are nurses, others Red Cross workers, physicians, health, educational or government authorities, but all advocates of nursing standards, high or low, that the European Council for Nursing Education can best fulfil the task it has set itself to do.

Editorial

Another milestone in nursing educational progress was passed the other day when the first three nurses in Canada to be granted a degree in Applied Science (nursing) graduated at the University of British Columbia, after the five years' combination course at the university and hospital. These three nurses, Misses Beatrice Fordham Johnson, Marion Fisher and Margaret Healey, were all graduates of the Vancouver General Hospital, where they took the hospital training in connection with the course. The crying need for teachers and properly trained hospital executives, as well as for the executive and teaching positions in the public health work of Canada, shows clearly just the value of such a course. When practical experience has been added to the degree, one can easily see the increasing demand for women who can present such credentials. Let us hope that this point of view will be encouraged by the demand by hospitals for women with such ability and experience for executive and teaching positions in all training schools, and a long step forward in nursing education will be taken.

* * * *

One is glad to record the appointment by the Ontario Government of Miss E. MacP. Dickson as acting Inspector of Training Schools in the Province. Some special work is to be done by Miss Dickson, after which the question of the appointment of a permanent inspector will be taken up. Miss Dickson had a long experience in connection with training schools and nursing matters generally which should fit her for the position, which is a most important one.

LIFE

On either hand we behold a birth, of which, as of the moon, we see but half. We are outside the one, waiting for a life from the unknown; we are inside the other, watching the departure of a spirit from the womb of the world into the unknown. To the region whither he goes, the man enters newly born. We forget that it is a birth, and call it a death. The body he leaves behind is but the placenta by which he drew his nourishment from his mother Earth. And as the child-bed is watched on earth with anxious expectancy, so the couch of the dying, as we call them, may be surrounded by the birth-watchers of the other world, waiting like anxious servants to open the door to which this world is but the wind-blown porch.—GEORGE MACDONALD.

The World's Pulse

By Elizabeth Robinson Scovil

A Pilotless Airplane

A large Voisin airplane, a bombing machine with a 300-horsepower engine, recently made a flight in France. It was controlled by wireless manipulated from the ground. When this method of control is perfected it is expected to use it for commercial airplanes. Those fitted with special engines could be made to fly in the upper air where no pilot could breathe. The air resistance there is so slight that a great rate of speed could be attained.

Depression of Agriculture

Farming in England seems to be in a very depressed condition. There have been such heavy losses in the last two years it is feared that farmers may be unable to sow corn and plant roots. In some of the wheat-growing countries a large proportion of land is reverting to pasture.

The City of Abraham

The University of Pennsylvania, in conjunction with the British Museum, has been conducting excavations on the site of the Chaldres, in Mesopotamia. There was a city there a thousand years before the time of Abraham. A large number of tablets of clay, with inscriptions, have been found, and the translations will probably prove of extreme interest.

A New Island

A new island has appeared off the coast of China as the result of a submarine volcanic explosion. It is about 400 yards across and has been taken possession of by France.

Porterhouse Steak

It may be of interest to nurses to know the origin of the Porterhouse steak, as it is supposed to be the best in the world. Somewhere about 1866 a Mrs. Rennick became cook at the Porter House, an hotel in Cambridge, Mass. Her cooking made the hotel noted, especially a particularly delicious steak cut between the sirloin and the tenderloin and called after the hotel a porterhouse. Mrs. Rennich has just died at the age of 87.

A New Letter Stamp

Stamped on Canadian letters is the good advice, "Write often and keep the family together." Another is, "Do not place money in unregistered letters." A third, "Avoid forest fires." At Christmas time American letters bore a statement, "Christmas seals stamp out tuberculosis." The postal authorities have found that envelopes, sent through the mail, are a good medium for distributing information.

An Early Bible

A Gutenberg Bible, the first book ever printed with movable type, is part of a collection recently bought by a New York man, in London, at a cost of about $450,000.00.

Speed in the Air

Lieut. Lester Maitland, of the U.S. Army, is at present the holder of the world's airplane speed record. At Dayton, Ohio, he piloted a Curtiss racing plane at an everage speed of 243 miles an hour.

Executive Ability

A bucket brigade of 200 children, organized by an American nurse, kept back the flames of a fire that threatened the destruction of the orphanage buildings at Alexandropol, where 16,000 Armenian children are housed.

A Women's Memorial

The Princess Mary has given $250.00 to the fund for the restoration of the Five Sisters window in Yorkminster, as a memorial to all the women who lost their lives in the Great War.

Sarah Bernhardt

Mme. Rosine Bernhardt, whose recent death has removed perhaps the most famous actress in the world, was born in 1846 of Dutch-Jewish parents. She was only sixteen when she made her first public appearance; when she was taken ill last autumn she was about to take part in a new play. When the Kaiser invited her to play in Germany she wired that she would do so if he gave Alsace back to France. She had carried a rosewood coffin about with her for forty years and was buried in it in Pere-la-Chaise, Paris.

Capt. Cook's Log

Capt. Cook, the great explorer, made his first voyage of discovery to the South Seas in 1768. He then charted the eastern coast of Australia and the coasts of New Zealand. The log of the "Endeavor," the ship which he commanded during this voyage, has just been sold in London for nearly $25,000.00. It was bought by the principal librarian of the Public Library of New South Wales, who came from Australia to purchase it.

An Artificial Earthquake

The scientists of the geological section of the Carnegie Institute intend to place about twenty tons of explosives in an old mine, walled in so that their force will be concentrated, and then explode them. Recording instruments will be placed at various distances from the mine, from a few hundred yards to a few miles, and the speed of the shock, through the various strata, will be shown. It is hoped to secure greater accuracy in recording disturbances from earthquakes.

News from the Medical World

By Elizabeth Robinson Scovil

Cystitis in Children

The treatment employed by a Philadelphia physician consists of the injection into the bladder of 5 c.c. of a 10 per cent. solution of silvol or neosilvol. The tenesmus promptly ceases, the frequency of urination diminishes, or disappears, and the child is immediately comfortable and quiet. The injection can be repeated if necessary.

Radium in Menorrhagia

Radium has been found valuable in the treatment of hemorrhage from the uterus. It is a valuable and efficient method of controlling excessive hemorrhage at the menopause. It is useful in small, uncomplicated fibroid tumors of the uterus, and in excessive menorrhagia in young women which resists ordinary methods of treatment.

Roentgen Ray and Whooping-Cough

A series of 26 cases of active partussis were treated in Boston by roentgen ray. The age of the patients varied from three months to forty years, and they were in different stages of the disease, from one to ten weeks. The dosage was regulated by the age of the patient. There was definite improvement in the cases; the spasms and whoops disappeared after two or three applications in some cases, and all were relieved.

Preparation of Skin

The quality of alcohol is not to be relied upon in the present day and its potency as a sterilizer is sometimes open to doubt. It is advised that in preparing the skin for the insertion of the hypodermic needle tincture of iodine should be used as a sterilizer. The color makes it impossible to mistake the spot that has been disinfected and its efficacy is unquestioned.

Insulin

Insulin is now being used in London, at St. Thomas' Hospital, St. Bartholemew's, Grey's, the London and University College Hospitals in Sheffield, and at the Royal Infirmary, Edinburgh. It is stated that insulin is a powerful remedy, and its use in the hands of experts has at times given cause for anxiety.

Water for Babies

Water equal to 3 ounces per pound of the baby's weight is sufficient for young infants, and about 2½ ounces per pound for older babies. The difference between the total day's fluid requirement and the milk in the mixture can be added as boiled water, or cereal water, or a part if it can be fed between meals.

Boiled Butter for Infants

It has been found that boiled butter can be substituted for cream in the ordinary skim milk dilutions used for bottle-fed babies. Boiling butter for five minutes or less frees it, in a great measure, from the volatile fatty acids contained in it. Vomiting and diarrhoea are neither induced nor made worse by the use of butter; in fact it sometimes relieves them. Babies have gained on it from one to nearly two ounces a day.

Pneumonia and Electricity

An experiment has been tried at St. Mary's Hospital, Brooklyn, N. Y., in the use of electricity in pneumonia. The X-ray specialist of the hospital introduced it after it had been tried in twenty cases in the United States Marine Hospital, Staten Island. The method consists in the application of plates to the chest and back of the patient and passing a current of electricity through them. The theory is that this reduces the temperature in the lungs and promotes re-olution, relieving congestion. Heat to the surface, as poultices and mustard plasters, has long been used in the treatment of pneumonia. The new method merely intensifies the heat and carries it to every part of the organs. As far as reported no patient treated by this process has died.

Morphia in Chronic Disease

Dr. Maurice Renand, of Paris, has called attention to the abuse of morphia in chronic cases. In those which he studied, he concluded that morphia did not make it easier for the patients to bear their discomfort, nor did it alleviate any of their symptoms. Morphia acts as a sovereign remedy only in acute and paroxysimal pain and suppresses the marvellous power of the human organism to become accustomed to the most abominable situations. He believes that the injection of morphia should be an exceptional form of medication, since the benefits are only transient, and deplorable symptoms result if it is prolonged for more than a few days.

Social Hygiene Campaign

This campaign was inaugurated in January by the Canadian Social Hygiene Council, under the auspices of the Department of Health of the Province of New Brunswick. Three officials of the Health Department travelled almost continuously for two weeks, conducting public lectures in every part of the province.

Osler Memorial Fund

The Oxford Osler Memorial Fund announces that $10,000.00 has been received. A bronze plaque is to be placed in the university museum, a memorial medal awarded every five years to a graduate of the University of Oxford who has made some distinguished contribution to medical science, and to form an Osler fund to assist teachers of the medical faculty to travel in the interests of medical research.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

Nova Scotia—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N. B. **Quebec**—Miss Elizabeth Smellie, 46 Bishop Street, Montreal. **Ontario**—Miss E. H. Dyke, Department of Public Health, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Hilda MacDonald, 323 Sixth Avenue, Saskatoon. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

COMMITTEE ON EDUCATION

Miss K. S. Cowan, 1 Queen's Park, Toronto, Ont., Convenor; Miss Elizabeth Clarke, Provincial Department of Health, Edmonton, Alberta; Miss A. G. Wells, Provincial Board of Health, Winnipeg, Man.; Miss H. Meiklejohn, 134 Sydney Street, St. John, New Brunswick.

The Public Health Programme for Halifax and Dartmouth

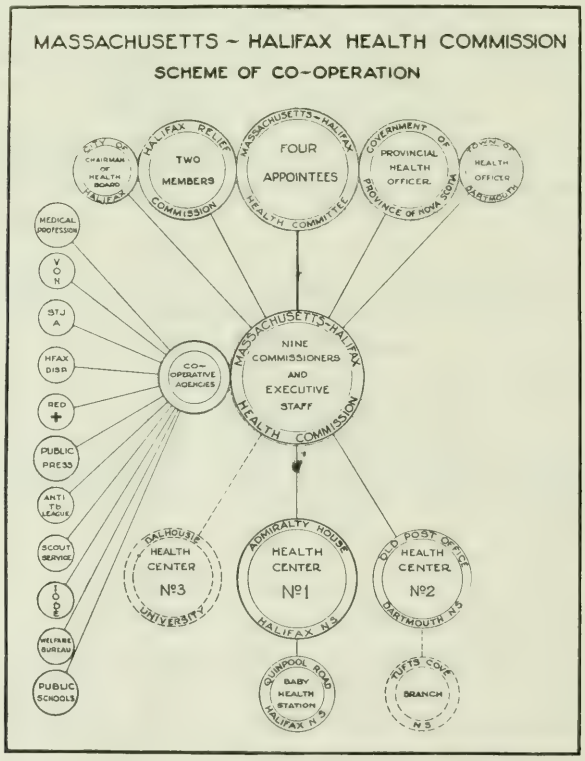
Foreword: Discussing the general plan of organization.

By B. Franklin Royer, M.D.,
Executive Officer, Massachusetts-Halifax Health Commission; Director, Course in Public Health Nursing, Dalhousie University, Halifax, N. S.

The establishment of a permanent efficient programme of public health and preventive medicine for the communities of Halifax and Dartmouth is the ultimate aim of the Massachusetts-Halifax Health Commission. From the beginning it has sought co-ordination of effort, and co-operation with all helpful agencies. To concentrate under one organization all phases of public health work that should be directed solely by city health officials and paid for out of the taxes; to do its part in reducing sick rates and death rates by a wise expenditure of funds; to

help by word and deed to demonstrate "the saving of a life a day"; to gather facts and figures so indubitable that, by the end of a five-year period, they will point to ways and means whereby each subsequent quinquennium will save for future usefulness more lives than were lost in the disaster of 1917; to make public health so popular that city officials may direct it without opposition; to render such assistance in public health education that a sturdier, healthier race will succeed the present generation. These are the principal thoughts in the minds of the commission that guided it in working out the programme to be discussed in this and subsequent articles.

The Massachusetts-Halifax Health Commission consists of nine men, three of them being members by virtue of their offices—the provincial health officer, the chairman of the Halifax City Health Board, and the health officer of the town of Dartmouth. Two are appointed by the Halifax Relief Commission, and four by the Massachusetts-Halifax Relief Committee of Boston. The commission operates under a special provincial law, and meets semi-monthly. The provincial and local health authorities are members of the commission for the purpose of co-ordinating the established work of each with the new work undertaken by the commission.



For carrying out its programme there were certain primary essentials—a series of health centres at strategic points, a volunteer staff of

doctors with a modern public health viewpoint, a dentist, and, above all, a corps of public health nurses and visiting housekeepers to follow up, make social investigations, visit, instruct, report, and re-educate.

It was found impossible to secure a sufficient number of public health nurses immediately, owing to the demand elsewhere for the few available. To meet this emergency, the executive officer, acting in co-operation with the university authorities and the Red Cross Society, planned and carried through a university course in public health nursing. In September, 1920, a class of thirteen public health nurses was made available to the commission, the provincial departments of health, the Victorian Order, the public schools, and other agencies—the first systematically trained class in Canada. Two other classes have since graduated, and the fourth class is now in session.

The commission has been fortunate in the buildings secured for its use. For the first health centre, through the good offices of the Department of Naval Affairs, the free use of Old Admiralty House—a building

Old Admiralty House

splendidly adapted for the purpose—was obtained. The old Post Office Building, Dartmouth, was rented from the Minister of Public Works, Ottawa, and transformed into Health Centre No. 2. The third health centre, which will serve as an out-patient department for the group of four hospitals immediately adjacent to Dalhousie University, will be opened during the summer of 1923. This Dalhousie Centre—in which will be merged the old Halifax Dispensary—will perform the same services for the south end of the city as Health Centre No. 1 does for the north end. It is worthy of note that, after the representatives of the Rockefeller Foundation had gone over the work already accomplished

at the first health centre, a fund of $200,000 was "earmarked" for the establishment and maintenance of the health centre at the university.

Besides these main health centres, there are in operation three sub-stations — at Tufts Cove, an outlying district of Dartmouth, where an advisory clinic and nutrition class are held every Friday afternoon; at Africville, the colored section of Halifax City, every Thursday afternoon; and at the Quinpool Road School, Saturday afternoon.

In health Centre No. 1 the following medical, dental and nursing consultation clinics are operating: Tuberculosis, under Drs. Sieniewicz and Grant, opened May, 1920; baby welfare, under Dr. Wiswell; ear, nose and throat, under Drs. MacLennan and Hemmeon*, June, 1920; psychopathic, under Drs. Kenneth MacKenzie and J. G. MacDougall, for study and supervision of certain of the explosion injured, January, 1920 (this will soon be discontinued); pre-school age dental, under Dr. Arrabelle MacKenzie, February, 1921; posture, under Dr. Alan Curry, October, 1921; pre-school age welfare, under Dr. Turel, March, 1922. In addition—from the opening of the health centre—a venereal disease clinic, under Dr. Glen Donovan, has been held three times a week under the medical guidance and financial support of the Provincial Department of Health, in co-operation with the public health nursing staff of the Massachusetts-Halifax Health Commission. In the Dartmouth Health Centre similar public health consultation clinics (with the exception of venereal diseases) are operated most successfully, although on a smaller scale, under the medical guidance of Drs. H. A. Payzant, G. G. Gandier, of Dartmouth, and Drs. Sieniewicz and Tidmarsh, of Halifax.

Public health nurses attend at each of these clinics to assist the physician in charge, and to record notes in each case for home teaching and permanent histories. Each family registering in one of the health centre clinics, as well as each family with whom the nurse establishes contact, becomes automatically the future charge of the public health nurse in the district in which the family home is situated. In one way or other, each nurse's list of families increases steadily. During the statistical year ending September, 1922, 34,916 home instruction visits were given by nurses and visiting housekeepers in about 2,500 families, in contrast to 7,349 medical, dental and nursing consultations, which shows how systematically families are followed up after receiving advice and instruction at the health centre, and indicates how favorably the work is being received by the public.

The visiting housekeepers, now three in number, follow the public health nurses into those homes where problems of nutrition or domestic economy must be met and settled, and give the necessary practical help to the uninformed, struggling mother. She also shares with the doctor in charge and the public health nurse the instruction of under-nourished children in the several nutrition classes held weekly.

*Since resigned.

Public health literature is used liberally by the field staff. It is compiled by members of the staff, and edited in the executive offices provided for the commission in the Provincial Government Annex. Since inaugurating the work, a series of folders on various phases of public health, small enough to fit in the ordinary business envelope or a nurse's bag, have been printed, and more will follow. There have already appeared folders on motherhood, save the babies, cleanse the teeth, tonsil and adenoid sermonette, milk sermonette, healthland, and a series of four on rational diet for the young child. The commission has also reprinted a booklet on tuberculosis, by Dr. Miller and Miss Mortimer, of the Nova Scotia Sanitarium. A number of articles which have appeared in journals published in various parts of the world have also been reprinted. At the time of writing (February 9, 1923), there is on the press a folder, "Does the Shoe Fit?" A sermonette on posture and another on vitamines was released to the daily press before being placed in general circulation. These little folders all bear an attractive, appropriate silhouette on the cover, and are simply and interestingly written. The *Canadian Mothers' Book* and the *Blue Book* series are freely used, together with Government milk pamphlets.

It is worthy of note that, in less than three years after the health centres were organized, this community programme is proving its worth. The general death rate, which was 20.2 per thousand for the ten-year period ending September, 1919, dropped to 14.3 by the corresponding date, 1922. Infant mortality dropped from 187.5 per thousand for the same period to 97.6. The smaller community across the harbor shows a corresponding reduction.

From its inception the commission has had the loyal co-operation of the press, not only in Halifax and Dartmouth, but also in the provincial towns and beyond. They have been generous in the space allotted to the work of the commission, and more than sympathetic with its aims and hopes, and have done not a little to educate public sentiment in favor of modern public health. The sympathy of the community, together with the results already achieved, are most encouraging to the commission and its staff, and urge one and all to greater effort during the remainder of its existence.

Royer, B. F.—Work of the Massachusetts-Halifax Health Commission (Med. Jour., Australia, April 29, 1922); Health Centres of the Mass-Hal. Health Comm. (Jour. A.M.A., October 14, 1922); ditto, reprinted (Amer. Jour. Dentistry, December, 1922); Public Health Promotion for Halifax and Dartmouth (Social Welfare, February, 1921).

Note:—A general idea of the aim and scope of the Massachusetts-Halifax Health Commission and an outline of its prospective work at the time of organization was presented to the readers of *The Canadian Nurse* in several articles a few years ago, and from time to time since then there have been notes on the progress of the work in its Public Health Nursing Department.

Murray, Mrs. E. M.—Saving Babies in Halifax, vol. XV., No. 2, pp. 2171-2174, December, 1920.

Bligh, Mrs. C. B.—New Public Health Programme for Hailfax, N. S., and Dartmouth, N. S., vol. XVI., No. 2, February, 1920.

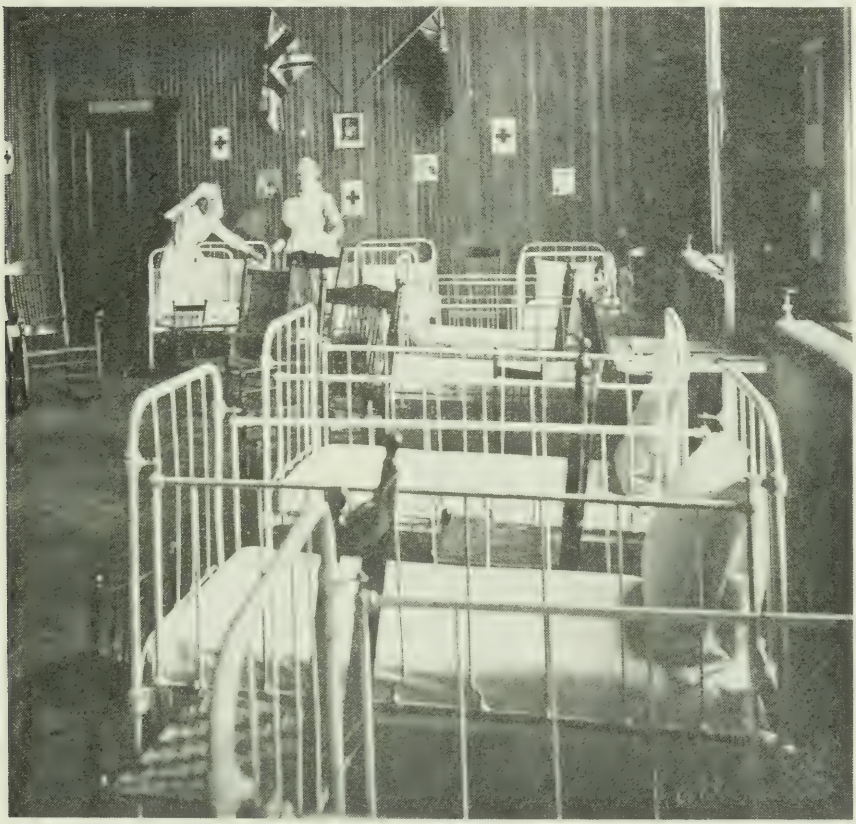
A Nursery by the Sea

One day last winter a weary and hungry little procession filed into the Red Cross Nursery at the port of St. John. At the head was a travel-worn woman, followed by six children, ranging in age from three to fifteen years. They had arrived from England on the big Atlantic liner which had just docked with her human cargo, five hundred of whom were third-class passengers. The weary mother, refreshed by tea and ensconced in an easy chair in the rest-room, told the Red Cross port nurse a story of four years of struggle in the Old Country while the father was vainly seeking work, and then a still harder struggle when the mother was left alone to support her family, by hard work in a brickfield, while the father blazed a new trail in Canada. Now he had managed to put up a tiny shack just outside Toronto, and had sent home money to pay the fares of the family from London. Thinly clad, and with hardly a penny to purchase food, the little company were starting on the "last lap" of their long journey. The nurse realized that there were still many weeks of wintry weather to be faced, and was glad to be able to outfit mother and children with warm clothes supplied by the I.O.D.E., while Red Cross funds provided food and pocket money. A "welfare card," forwarded by the nurse to Red Cross headquarters in Toronto, was sent on to the City Public Health Nursing Department, giving the names, circumstances and address of the new arrivals, for in this service the City Health Department co-operates with the Red Cross. After a long search the public health nurse finds the little shack in the middle of a field. Through her good offices two of the older girls are placed out as domestics in good families, the younger children are sent to school, and the whole family helped and guided until they have found their footing in the strange conditions of the new home.

This little story, founded on fact, will show the part played by the Red Cross nursery at the ports, and the "follow-up" system by which the port work is completed.

The Red Cross was invited to undertake this service by the Federal Departments of Health and Immigration, mainly in the interest of mothers with young babies, and it is to these travellers that the Red Cross directs its first attention.

Quarters are arranged for the nursery at the ports of St. John, Halifax and Quebec by the Department of Immigration, close to the spot where the medical and civil inspection of passengers takes place. The women and children are guided to the nursery, where a cheery welcome awaits them from the nurses and the voluntary workers, who are ready to give them all sorts of help. There are beds for weary mothers and a welcome cup of tea, and baths and cots for fretful babies, and milk and biscuits for older children.



At St. John a V.A.D. of the St. John Ambulance Brigade conducts a post-office for the convenience of the travellers, and sells stamps, stationery and postcards in a room where there is a writing table which is always well patronized. During the hours which often elapse between the arrival of the ship and the departure of the train the Red Cross nurse finds many opportunities for a talk on Canadian standards of child hygiene, or of the value of breast feeding, or of the best fashions in infants' clothing. There is a supply of health pamphlets on hand for free distribution; some specially written for the Red Cross, and others published by the Federal or Provincial health authorities.

Before the train pulls out the Red Cross workers see that the families are supplied with necessary food and full information as to the journey,

and put them on board the train with a cheery word of encouragement for the new life. A "welfare card" follows, or sometimes precedes the family to its destination, securing for the strangers a visit from the Red Cross or the Women's Institute or the public health officer or nurse.

No wonder that the port nurse often hears Canadians, returning home, say proudly to the newcomers: "See what Canada does for us!"

In the eight months between May and December, 1922, one hundred and forty-seven ships carrying immigrants docked at Quebec or St. John. In these months the Red Cross Nursery cared for 5,186 children, 875 infants and 4,530 women. Treatments and dressings were required by 351 cases, and 1,338 "follow-up" cards were sent to Red Cross headquarters for distribution throughout Canada.

At the head of the Red Cross port service is Miss Vivian Tremaine, who was selected to nurse His Majesty the King when he was thrown from his horse in France; so that Canada's newest citizens are, in truth, "treated like kings."

This service, begun as an extension of the child welfare work of the Red Cross, has developed into an example of the finest sort of co-operation between Government departments, voluntary agencies and city health officials, all inspired by the desire to promote health, prevent disease, mitigate suffering, and increase the sum of human happiness.

—A. M. P.

The Red Cross Nursery at the port of St. John, N. B., opened its doors for the winter season on the arrival of the C.P.S. Marburn from Glasgow. There were only 173 third-class passengers on board, a good class of Scotch immigrant, but, in spite of this small number, the staff in the nursery were kept busy attending to the needs of the women and children; 25 children, 16 women, and three infants were cared for.

On December 3rd the C.P.S. Melita arrived from Antwerp with 232 thirds; 10 women, 29 children, and six infants were looked after.

On December 7th the C.P.S. Montcalm arrived from Liverpool with 252 thirds, 16 women, 29 children, and five infants; a number of these were returning to Canada, and these took the greatest pride in showing the newcomers the nursery. "See what Canada does for us!" is a phrase that we hear very often.

On December 11th the C.P.S. Metagama arrived with 500 thirds; 55 children, 26 women, and 10 infants passed through the nursery, which was so crowded at times that the people had to come in relays.

On December 16th the C.P.S. Montclaire arrived with over 500 thirds; five infants, 48 women, and 55 children were looked after.

On December 23rd the C.P.S. Minnedosa arrived with 300 thirds, 30 children, five infants, and 28 women.

There have been no special cases this month; several families have been given food for the journey, and two families helped with small sums of money; one man, a returning soldier, was given $4.00 to buy food for the journey west.

The routine work of the nursery has been carried on as usual. After passing the medical and civil inspection, the women and children are shown the way to the nursery. Here they find a large, airy rest-room, well equipped with beds for the use of any sick or tired woman, small cots for the babies, easy chairs for the women, and small red tables and chairs for the children.

The women are given a cup of tea, the children milk and biscuits, and the bottle-fed babies their own special food, whatever it may be; this food we often do not approve of, but it is impossible to change it then, and this is left for those who do the follow-up work. This part of the work is carried on most efficiently by Mrs. Rowan, commandant of the St. John Ambulance Brigade, and her V.A.D., several of whom come over for each steamer and do a very splendid work in helping the immigrants in every possible way.

One interesting and useful feature of the work at St. John is a small post-office conducted, with the permission of the postmaster, by Miss McLean, one of the V.A.D's, and there is a writing table close by where they can write their letters, which are then taken and mailed for them by Miss McLean. One can see how this is appreciated by the crowd that always surrounds the post-office.

The plan of the health services of the Red Cross is carried out by the port nurse, who talks to the mothers and finds out the circumstances of the family. The mother often tells the nurse all her troubles. Notes are taken of everything, and later the information is forwarded to headquarters in Toronto; from there a notification is sent to the nurse of the district into which the settler is going, and a few days after the arrival of the family the mother receives a visit from either a public health nurse, a representative of the Red Cross, or a member of the Women's Institute, the latter organization having done invaluable work in the country areas in this connection. In this way the welfare of the mothers and children arriving in Canada is looked after from the beginning.

A few statistics of the port work, since the opening of the shipping season in Quebec in May to the present date, may interest you: Number of steamers, 147; children cared for in nursery, 5,186; infants cared for in nursery, 875; women cared for in nursery, 4,530; treatments, dressings, etc., 351; follow-up cards sent to headquarters, 1,338.

To show you how valuable the follow-up work of the public health can be, I will cite one case: An English woman with six children, from three years to fifteen years, came into the nursery one day. The mother looked tired and very dejected, poorly clad, as were all the children. She told a story of a very hard struggle for four years; the husband could

get nothing to do in England, so had come out to Canada, and since that time the woman had been working in a brickfield, out of London, in order to support her family. Now the man had managed to send enough money for their passage out, and no more. We gave her food for the journey, some clothes given to us for this purpose by the I.O.D.E., and enough money to get to Toronto. A welfare card was sent describing the family and giving all the circumstances. Then I received a letter from Miss Dyke, telling me that the public health nurse had found the family after a hard search. The man had managed to buy a small plot of land in a field and had put up a shack. He had a horse and wagon and was selling some small wares. They found it was a case that needed all sorts of instruction. The family were given clothes and food, two of the girls were sent to good homes as domestics, and the younger children sent to school. Miss Dyke said they would be helped and supervised till they could manage themselves.

New Brunswick

Mrs. Joyce MacLean (nee Joyce Wishart) has been appointed nurse in charge of the Social Hygiene Clinic which is to be held in the St. John Health Centre.

Miss Alice Hegan, of St. John, will take charge shortly of the anti-tuberculosis work at the Health Centre, St. John.

Ontario

Ontario sends word of the pleasant visit they had recently from Miss Mary Beard, general director of the Community Health Association, Boston. Many groups interested in health service enjoyed conferences with her in reference to community programmes for health work.

The 1922-23 class in public health nursing, University of Toronto, held their graduation on May 14th. Many of the graduates have already obtained positions in Manitoba, Prince Edward Island, New Brunswick, and Ontario. For three years the Ontario Red Cross has financed this course, and now it becomes a part of the general programme of the University of Toronto.

Two hundred and twenty pupils from twelve nurses' training schools connected with hospitals in Toronto attended the lectures of the Medical Social Service course of the Department of Social Service, University of Toronto, during the past year.

Last month 1,800 pupils in the junior fourth grade of the Toronto schools took their final test at the end of their Junior Health League course of eight lessons in infant hygiene. This month a special closing was held, to which the parents were invited, and a certificate, signed by his worship the mayor, the medical officer of health and the principals of their respective schools, in addition to a pin, was given to each successful pupil.

The National Executive of the C.N.A.T.N. has approved the recommendation of the Public Health Section that one of their members should accept the invitation extended by the Educational Committee of the National Organization of Public Health Nursing in the U. S. A. to attend one of their committee meetings.

Miss Margaret Norwich, a graduate of the Riverdale Hospital, Toronto, and recently with the American Red Cross, has accepted the appointment of public health nurse for the town of Orillia.

Saskatchewan

Miss Kate Long, graduate of Winnipeg General Hospital, who has for several years done excellent work under the Bureau of Public Health in Saskatchewan, has resigned. Miss Long is to be married in June, and her many friends and co-workers in Saskatchewan are very glad that she is still to be a resident of this province.

Miss Madge Berry, who for a number of years has been on the public health staff in Saskatoon, is resigning, and will succeed Miss Long in the Saskatchewan Bureau of Public Health.

British Columbia

On April 21st, the public health classes ('21 and '22) of the University of B. C. entertained the graduating class of '23 at the Cosy Corner Tea-rooms. After the question of forming an Alumnae was discussed, it was unanimously decided to do so. Miss J. B. Peters ('21) was elected president; Miss Timmins ('23), vice-president; Miss Thompson ('22), secretary-treasurer.

It was decided that the Alumnae should meet, socially, twice a year—once in the spring for the purpose of entertaining the graduating class, and again in the summer, when it was suggested the entertainment should take the form of a picnic. It was decided that the fee for membership should be 50 cents.

The school nursing staff of the Vancouver public schools entertained at tea, on April 24th, in honor of the graduating class in public health nursing of the University of British Columbia. Tea was served in the community room at the School Board offices.

On May 15th Miss Timmins and Miss Miller commenced their duties with the Victorian Order of Nurses, Vancouver branch. This is their first post after their course in public health at the U.B.C.

The public health classes of the University of British Columbia, who have in the past been fortunate enough to have had Dr. Vrooman lecture to them on tuberculosis and its many problems, and who have spent an interesting two weeks at the Rotary Clinic, wish to express their hearty appreciation for his personal kindnesses and thoroughness in explaining the work. Dr. Vrooman has resigned from the Rotary Clinic, and, after August 1st, will give his entire time to his private practice.

On April 27th Miss Margaret Healey was united in marriage to Mr. Benjamin Crann. Miss Healey has just completed her five-year course in nursing and public health at the University of British Columbia.

The annual Canadian Public Health Congress is to be held at Edmonton, Alberta, on Tuesday, Wednesday and Thursday, June 12th, 13th and 14th. The Canadian Tuberculosis session of this congress may be arranged for Tuesday and Wednesday. The Canadian railways are circularizing all members of the National Tuberculosis Association, living in the United States, east of Chicago, suggesting that they travel to the meeting of the National Tuberculosis Association, Wednesday, Thursday and Friday, June, 20th, 21st and 22nd, at Santa Barbara, California, via the Canadian routes. They are planning time programmes as to trains, from Winnipeg west, permitting the National members to visit the provincial sanatoria at Ninette, Manitoba, Fort Qu'Appelle, Saskatchewan, and Keith, Alberta, reaching Edmonton for the Canadian Tuberculosis sessions on Tuesday morning, June the 12th. By leaving Edmonton Wednesday night, time will permit a visit to the British Columbia Provincial Sanitarium at Tranquille between trains, and sufficient time will remain to see Vancouver, and reach Santa Barbara Wednesday morning, June 20th.

This programme should be attractive. Most Canadian sanitarium physicians have visited many centres of treatment in the United States. We all hope many of our confreres to the South will return this courtesy and see some of our most creditable institutions, and lend their assistance in making this a memorable year in the annals of the Canadian Tuberculosis Association.

Make it a personal matter. Write your intimate professional confreres to the South, and assure them how pleased we will be to have them. The MacDonald Hotel in Edmonton is an excellent hostelry.

Pupil Nurses' Department

Student Organization in Small Hospitals

By A. Scott and N. Wakeling,
Maple Creek Hospital, Maple Creek, Sask.

It is generally admitted among hospital members and administrators that it is impossible to conduct a nurses' organization in a training school of less than fifteen pupils. Although it is true that an alumnae association may not be possible, yet this does not prevent the pupil nurses organizing amongst themselves. What a school of seven or eight pupils has done, and is doing, may be interesting as an instance of what even a small training school can do.

The Maple Creek Hospital Students' Organization was formed about four years ago, with the regular officers in attendance. The aims, drawn up by the pupil nurses, were as follows:

(1) Advancement of the standards of the training school;
(2) Promotion of unity and mutual help among pupil nurses;
(3) To assist the superintendent in teaching the ideals of nursing.

A list of by-laws was next formed by the senior nurses, under the following headings: Membership, Dues, Meetings, Elections, Duties of Officers, Committees, and Rules of Conduct. These rules were typewritten and placed on the bulletin-board in the home for the benefit of future probationers entering the training school.

Immediately after this association had been organized, its good results were apparent. A comfortable home had been provided for the nurses, but the lack of a sitting-room was very greatly felt. One room, therefore, was set apart for this purpose, and the students furnished it completely. A piano was at first rented and finally paid for by the donation of a grateful patient. A gramophone, with a complete set of records,

was also obtained by this means; while a rug, chairs, bookcase and table were purchased from money saved from various sources. One of these was from prize money taken at fairs and exhibitions for flowers and vegetables, for all the nurses delight in taking care of their own flower-beds. Still another method of raising money came when floats were arranged on special days, such as Dominion or Empire Day. One of these took the form of a hospital ward, with a patient in bed and nurses in attendance, which received commendation in a very substantial form. Donations, and the regular monthly fee of twenty-five cents, contribute largely to the treasury and help considerably in the obtaining of various comforts for the home. A large and roomy veranda was rendered more cosy by the purchase of material for awnings, which the nurses themselves stitched and hung during their hours off duty. One end is screened off to admit of beds being placed outside during the summer months, thus making a most delightful and healthful sleeping arrangement. The veranda is also furnished with swing couch, chairs, etc., while the purchase of a small set of dishes, electric stove, and teapot, make the serving of afternoon tea a simple and charming performance.

Through this organization of funds the nurses are often able to enjoy a social afternoon or evening—picnics or tennis being the order for the summer months, while skating and tramping parties help the winter to pass more quickly. We might add here that the formation of a tennis court was another outcome of organized expenditure. On Sunday evenings, after church, a song service is usually held in the sitting-room, so that the nurses have an opportunity of enjoying to the full the results of their efforts, feeling that each and every one, from the graduate down to the newest probationer, has an actual possessive interest in her home.

Meetings are held once a month to discuss matters of mutual interest with the superintendent, and are carried on in a strictly business manner. Any subject pertaining to the benefit or detriment of the training school is here discussed and matters of future conduct decided upon. A librarian is appointed to supervise what is hoped to be the nucleus of an interesting and instructive library; while a newspaper, entitled *Home Truths*, affords considerable social relaxation. A record is kept by the secretary of all the graduating exercises. She is also the medium by which the association is enabled to keep in touch with the affiliates of other hospitals, and the graduates who still maintain an interest in their training school, though now living in other districts.

This little sketch of what a small training school may accomplish will serve to show that organization, even in a small hospital, is not impossible, but most desirable, as it tends to make each and every one work together for the common good, so that loyalty towards the hospital, the superintendent, doctors, and each other, is the undeniable result.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario—Miss Helen Carruthers, 12 Selby Street, Toronto, Ont.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Report on the Electronic Reactions of Abrams

By Dr. T. Proctor Hall,
Vancouver, B. C.

One year ago the name of Dr. Albert Abrams was known only to a small group of enthusiastic admirers, who hailed him as one of the greatest scientists of the age. To-day, according to the *San Francisco Chronicle,* he is the most talked of man in America. This intensity of public interest is due to a series of letters written by Upton Sinclair and published in *Pearson's Magazine,* in which he stated that he had personally investigated Dr. Abrams' treatment and had found the results to be so remarkable that no consideration of the nature of professional ethics should be allowed to prevent the public from knowing about them.

At that time I knew very little about Dr. Abrams, but, having in my possession one of his books, I took occasion to look into it rather carefully, and to try some of the simpler of the many nerve reactions he had there described. I followed this up by more extensive and intensive reading and experimentation, and in November last went to California to get first-hand information. In view of the almost incredible claims made by Dr. Abrams regarding his method of diagnosis, I was interested in obtaining, before I arrived at San Francisco, some estimate of the man from those who were personally acquainted with him. My brother, Dr. Ernest Hall, who had taken a course with Dr. Abrams earlier in the summer, and was at first extremely incredulous, became fully convinced of the genuineness of his claims and of the very great importance of his discoveries. Dr. Avey, a prominent electro-therapeutist of Redlands, Cal.,

told me that he had been personally acquainted with Dr. Abrams for eight years, and that of two things he was certain, namely, that Dr. Abrams is a man of unusual ability and that he is thoroughly honest. About the electronic system he would express no opinion, as he knew very little about it. I have heard that since then he has adopted it in his practise.

A prominent physician in Los Angeles told me that he had met Dr. Abrams twice in consultation, and had formed tentatively the opinion from these interviews that he is an expert at money-making, but that beyond this he has few qualities to recommend him. Another physician in Los Angeles, who had been using the Abrams methods for two years, invited me to watch operations during his instruction of some doctors who were learning the new methods from him. My personal observations here were distinctly unfavorable, and I was inclined to attribute whatever success the physician had to the psychic elements in his treatment. I had taken with me on this occasion an expert on chest diagnosis, who agreed with my conclusions. This Los Angeles physician appeared, however, to have remarkable success in his practise. In San Francisco I learned that Dr. Abrams had been for a long time recognized as an expert on diagnosis, apart from his present methods, and that he has always been financially independent of his professional income.

According to *Who's Who in America,* for 1922, Dr. Albert Abrams was born in San Francisco, December 8th, 1863. He received his M.D. from the University of Heidelberg, 1882; A.M., Portland University; LL.D., 1892; took post-graduate courses in London, Berlin, Paris, and Vienna. He was professor of pathology in Cooper Medical College, 1893-8; president of Emanuel Polyclinic since 1904; Fellow of the Royal Microscopical Society; president of the San Francisco Medico-Chirurgical Society in 1893; vice-president California State Medical Society in 1899. He is the author of Synopsis of Morbid Renal Secretions, 1892; Manual of Clinical Diagnosis, 1894; Consumption—Its Causes and Prevention, 1895; Transactions of the Antiseptic Club, 1896; Scattered Leaves of a Physician's Diary, 1900; Diseases of the Heart, Nervous Breakdown, 1901; The Blues, 1904; Diseases of the Lungs, 1905; Self-Poisoning, Diagnostic Therapeutics, 1909; Spinal Therapeutics, 1909; New Concepts in Diagnosis and Treatment, 1910; Spondylotherapy, 1910.

A celebrated English mathematician, De Morgan, was once asked how he dealt with the army of mathematical cranks, such as perpetual motion enthusiasts, who try to make miserable the life of any one who is mathematically prominent. His reply was that Moses, before he was commissioned to lead the Children of Israel out of Egypt, was "learned in all the wisdom of the Egyptians"; and that if any one desired to lead mathematicians out of their Egyptian darkness he must first give evidence that he is "learned in all the wisdom of the Egyptians." After that the mathematicians would be prepared to accept his leadership into new fields; but until then, good-bye. De Morgan's test has always appealed to me as thoroughly safe and sound in principle. If we apply it to Dr. Abrams,

in view of what we already know about him, we conclude that he may justify claim to be an expert in pathology and in the various forms of diagnosis, and especially in the recognition of delicate nerve reactions. He has also a good general knowledge of science, but is without a thorough practical training in electricity or in general physics. He may therefore be accepted as a leader in diagnosis, and in nerve reactions; but outside of this his conclusions require expert confirmation.

* * *

THEORY

According to the modern view, atoms are made of two and only two kinds of matter — protons (formerly called positive electrons) and electrons. Protons are minute particles, each one nearly as heavy as a hydrogen atom, and each carrying a unit charge of positive electricity. Protons form the main part of the nucleus of each atom. Electrons are much lighter in weight—only about one eighteenth hundredth part of the weight of a hydrogen atom—and swing about the nucleus in regular orbits, though some of them are held more firmly within the nucleus. The number of the more freely movable electrons, and the form of their motions, give to the atom most of its chemical and physical properties.

An atom of hydrogen consists of one proton and one electron. The electron swings round the proton as the earth swings round the sun, but the electron has relatively more room in the atom than the earth has in the solar system. The atom under ordinary conditions is electrically neutral, for the negative charge of an electron exactly balances the positive charge of a proton. An atom of helium contains in its nucleus four protons and two electrons. Outside of this nucleus are two more electrons of the free type. The "atomic number" of helium is therefore 2. The heavier atoms contain more protons with their accompanying electrons, until we reach uranium, whose atomic number is 92. All the heavier atoms are subject to spontaneous decomposition, a sort of explosion of the atoms, by which two or more different elements with smaller atomic weight are formed.

Three kinds of radiations are given out by these exploding atoms—alpha rays, which are protons positively charged, that is, protons which have lost some of their "free" electrons; beta rays, consisting of electrons separated from their protons; and gamma rays, or x-rays.

Before anything was known about electrons it was well understood that light-waves originated within the atom, by oscillation or vibration of its constituent parts. It is now known that light is electronic, produced by the oscillations of the electrons which have in each atom definite rates of vibration, recognizable in the spectroscope. With these facts as a basis, scientists have developed the wonders of spectrum analysis, by which elements in the sun and stars, trillions of miles away, are recognized as readily and as certainly as they could be in the laboratory.

It seems to be only a reasonable advance from spectrum analysis of the constituent elements to the recognition of chemical compounds, minerals, etc., by their electronic waves; and to the recognition of certain

normal and abnormal types of organic cells. The claim of Dr. Abrams to be able to recognize in human blood a constitutional disease, by its electronic reactions, is in harmony with what we already know, and must be admitted if the evidence he brings for his facts is satisfactory.

Dr. Abrams claims that all matter is "radio-active," meaning that all kinds of matter are continuously giving out radiant energy, not necessarily of the alpha, beta, or gamma type, but radiations which are electronic in origin, and which are characteristic of that particular kind of matter, and of that particular grouping of cells. He finds radiations characteristic of gems, metals, blood of men and animals, diseases, individuals, races, emotions, and thoughts.

His methods of examination and treatment combine most of the advantages of the x-ray, light, heat, high-frequency currents and radium; with little or none of the dangers attending the use of the latter.

Curiosities

In the course of his investigations Dr. Abrams has noticed a number of phenomena worthy of further investigation, but which he personally has not had time to develop. One of these, which the newspapers have exploited, is the reaction of love. Many of you have known that it is easy to pick out from a number of persons, or of names, the person or the name of the loved one; and this can be done in several different ways. Yet some of Abrams' critics have denied the possibility of this! Emotional changes are among the easiest to detect.

In many cases the handwriting of an individual gives nearly as much information as can be obtained from the blood. A lock of hair is equally distinctive; a photograph less so. But anything which has been in contact with an individual bears with it some of the electronic characters of that individual. The lighter of these electronic impressions are dissipated by a horseshoe magnet.

The reaction for wealth is a curious thing, inasmuch as it is an indication not of the real wealth, but of what the individual thinks he is worth. It would be very interesting to commercial agencies if some investigator were to work out a reliable test of this character.

Localization of centres of psychic activity in the brain has been already mentioned. It offers a large field for the psychologist and for the vocational director of children.

Family and race relationship is of interest not only to the courts, but to the anthropologist and to the student of hereditary characters.

In some cases, when a specimen of blood or of handwriting is in the dynamizer, Dr. Abrams is able to find the direction of that patient from the laboratory, and approximately his distance from it. If the patient carried with him a pocket wireless transmitter which emitted constantly waves of a definite character, any one equipped with a sufficiently delicate receiver could find the direction and approximate distance of that person

at any time. The living person emits constantly electronic vibrations whose characteristics are in some way implanted in the blood and in the handwriting. The latter apparently acts as a receiver for the electronic waves from the person; so much so that, if he has died in the meantime, the reaction for death appears in the reagent. If he is living, his location may be approximated.

The power of the will was illustrated in a patient who gave a strong reaction for carcinoma. When he (following instructions) said to himself, "I am all right," the cancer reaction disappeared. When, after a few moments more, he said to himself, "I am done for," the carcinoma reaction promptly returned. Coué should feel delighted with this evidence of the value of auto-suggestion. Few people are able to keep up such a mental attitude more than a few minutes, but while it is maintained it is a powerful therapeutic agent. So we may conscientiously join in the chorus, "Day by day, in every way, I am growing better and better."

Do plants feel? The electronic reaction for pain, which appears in the human patient only when the pain is real, and does not appear at the supposed location of referred pain or of imaginary pain, appears if the torn (not cut) part of a living flower is placed immediately in the dynamizer. Exposure of the torn part to the vapor of ether or chloroform nullifies the reaction.

When a lightly tinted pink flower, such as the American Beauty Rose, is held over the visualizing centre of the brain (on either side of the median line and 3½ centimeters in front of the ear) and a simple figure is strongly visualized for one minute, a raised white outline of the figure appears on one or more petals of the flower.

Pathographs of certain diseases, each one characteristic of its disease, can be made to appear on rose petals, or upon the arm of an insulated subject who faces west with arms extended.

The plant disease, "crown gall," due to the bacillus tumefaciens, gives the reaction for carcinoma. So does a piece of decaying fruit, and so does rusting iron.

A withered leaf or a withered petal gives almost invariably the reaction for tuberculosis.

These plant reactions I have not personally verified; but I do not doubt Dr. Abrams when he says they are found.

At the request of the Private Duty Nursing Committee of the G. N. A. of B. C., a short "refresher course" or institute for private duty nurses will be held under the direction of Miss Ethel I. Johns, R.N., of the University of B. C., if a sufficient number of private duty nurses wish to have it arranged and will attend. Names of those wishing information may be sent to either Miss E. I. Johns, Frontenac Apartments, Tenth Avenue, Vancouver, or to Miss M. L. McLeay, 1532 Comox Street, Vancouver, convenor of Private Duty Nursing Committee.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The Need of Staff Conferences and How to Make Them Interesting

By Jean I. Wilson, R.N.

Staff conferences are to-day becoming more firmly established in all institutions where increased interest and co-operation among fellow workers is desired. Medical staff conferences have been encouraged and even insisted upon by the American College of Surgeons in its endeavors towards hospital standardization; and, in connection with hospital administration, we have in many of our hospitals department conferences, which have been found to develop a greater unity among the chiefs of the various sections, the individual realizing the need of co-operation, as each department had its own important place to fill.

To-day, as superintendents of training schools, we are naturally more interested in these conferences as they may affect our schools of nursing, which are already showing the broadening influences radiating from Teachers College in Columbia University, the School for Graduate Nurses at McGill University, and other educational centers; and, in considering the need of staff conferences, we have only to call to mind the conditions until recently existing in many training schools, where the superintendent of nurses, principal, directress of the training school—call her by whatsoever title you may wish—rarely, if ever, consulted or discussed either training school or general nursing affairs with her staff. As a result, the average head nurse failed to become really interested in the institution as a whole, while of provincial, national and international organizations, in which, as a professional woman, she should have been a deeply interested and very useful member, she was profoundly ignorant, and therefore inactive.

It has been found that these conferences stimulate the members to realize the need of self-development, if they are to be regarded as important factors by the student nurse, the medical staff, and their fellow workers; they also stimulate each one to feel that she personally is a strong link in the training school chain of nurse education, and that in her own department she can become the "pivotal power" in developing a higher and more satisfactory standard among the student nurses with whom she comes in contact. This point reached, the natural sequence is a keen interest in the general welfare and progress of nurse education, and each woman will better carry out her obligations to her chosen profession as well as to the particular institution with which she is connected.

At the staff conferences the discussions should not only be open to

all members present, but every one should be encouraged to present her problems (with, of course, a tactful observance on the part of the superintendent of nurses that the personal element should at no time be allowed entrance). There are many sides to all questions, and the nurses learning and realizing this fact, a better understanding with a greater tendency toward co-operation will eventually exist; and for the success of these meetings the most important factor is—to quote the medical superintendent of one of our leading Canadian hospitals—"the personality of the one in charge."

Thus far the needs and benefits of these conferences have been considered principally as they affect the members of the staff, and it hardly seems necessary to emphasize how gladly all nurses in charge of training schools will welcome this innovation, if innovation it be, as by these meetings the superintendent and her head nurses will be brought into personal contact not otherwise obtainable. It is suggested that the meetings be held during duty time, this assuring a more representative attendance than we could otherwise hope for, at least until the head nurses have become interested, and to become interested they must first attend.

At these regular meetings, held every month during the school year, the superintendents of nurses would preside, and all members of her staff should be present. Subjects of general interest relating to the training school and its individual needs and difficulties may be discussed, or wider questions of provincial, or general interest and importance may be dealt with, perhaps by some one directly associated with the particular subject under discussion; for it must be realized that nurses to-day are professional women upon whom the community is becoming more and more dependent in all matters relating to health, hygiene and sanitation, and an occasional address from some representative member of the Red Cross, National Council of Women, Dominion Social Service, or other organization of national welfare, would do much to stimulate nurses. Such addresses should be given at extra meetings, rather than at the regular monthly staff conference, for an hour a month is none too much time for the discussion of one's own training school questions, difficulties, new methods, etc. These hours should be fully utilized by the superintendent and her staff, for it is here that the inexperienced head nurse will learn to ask intelligently for assistance and advice, and will gain poise and self-reliance which will aid her in her larger undertakings, as well as make her present seemingly big difficulties appear less overwhelming, realizing, as she will here learn to do, that her fellow-workers are all meeting and surmounting similar or greater obstacles.

To sum up: Staff conferences, conducted with the earnest idea of being worth while, will develop among the head nurses a spirit of service and co-operation which has not always existed, and it is hoped and believed they may also be a means towards establishing more permanent staffs in training schools, where heretofore there has been constant change in the personnel of the heads of departments.

—Read at the C.A.N.E. Convention, Edmonton, 1922.

A Review of the Report of the Committee for the Study of Nursing Education

The MacMillan Company, New York.

E. K. Russell, Toronto.

For all who are interested in nursing and the education of the nurse, the appearance of this volume is of very great interest, and it will be of far reaching importance, if all who should be informed upon this subject could be persuaded to give the book serious study.

The story of the production of the report is interesting. The committee in whose name it appears was appointed by the Rockefeller Foundation in January, 1919, "to conduct a study of the proper training of public health nurses." It was not long before the committee discovered that "the entire problem of nursing and of nursing education . . . . formed one essential whole and must be so considered if sound conclusions were to be attained." Therefore, in February, 1920, the Foundation requested that the scope of the inquiry be broadened to include a survey of the whole field of nursing and nursing education, beginning with the hospital training school and "on the basis of a study of function to establish sound minimum educational standards for each type of nursing service for which there appears to be a vital social need."

The book opens with an introductory chapter containing the official report of the findings of the committee, which report embraces ten conclusions or recommendations. These conclusions apply to nursing as a career and the effort that should be made to attract the right women into it; the necessity for upholding the highest of our present standards in nursing; present conditions in training schools and the need for better organization there; the special training that should be available for all superintendents, supervisors, instructors, and public health nurses; the need for a subsidiary type of nursing service, and the training for it; the need for university schools of nursing, and, as an absolute prerequisite, the need of securing funds for the endowment of nursing education.

After this report of the committee comes the report of the survey, which occupies over five hundred pages, and gives, with a great deal of detail, a vivid picture of the work which is being done to-day by the various groups of nurses in the United States, and of the training, good and bad, which is being provided for these nurses; the survey of training includes the hospital school, the university undergraduate school, and the university post-graduate schools.

The names which appear on the committee include six nurses, ten physicians, one doctor of public health, and three laywomen. Many of these people have an international reputation, and a report which is published over their signatures should receive a very respectful consideration.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss I. A. Ingraham has taken charge of the X-ray department of Sherbrooke Hospital, Sherbrooke, Que.

Miss Helen Tracy has taken a position in a hospital in Rochester, N. Y.

Miss Lily Gray and Miss Hannah Stack are now connected with the V. O. N. in Montreal.

A number of M.G.H. graduates are nursing typhoid cases in the epidemic at Mansonville, Que.

Mrs. J. A. Henderson, district superintendent of St. John's Ambulance Brigade, assisted by Miss Birkett-Clark, have organized a community kitchen at Mansonville to prepare food for children and others where sickness in the family have disarranged the home life. Miss Clark is in charge; she is assisted by relays of V.A.D's from Montreal. Miss Clark has taken a special course in dietetics, and was matron of M. D. No. 4 for part of the time during the war after serving overseas.

A letter has been received from Mrs. Bernier Loft (Miss Annie Smythe, '95), who has spent many years near Port Elizabeth, South Africa. She did much work during the "flu" epidemic opening an emergency hospital of 30 beds, and has the record of not losing a patient. As there is no doctor within 20 miles of Port Elizabeth, her well-stocked medicine chest and nursing skill are often called into use.

The engagement is announced of Kathleen Summers Smith, at present at Grande Mere, Que., to Mr. Alexander Oswald Allan, of Westmount, the wedding to take place early in June.

Miss Kathleen Knight has been taken on the staff of the X-ray department of the M.G.H., after a six months' course.

Ten members registered for the Institute for Graduate Nurses at McGill University, among them being Miss Mary Shaw, lady superintendent of Jeffery Hales' Hospital, Quebec, and Miss Frances Upton, superintendent of Sherbrooke Hospital, Sherbrooke, Que.

Dr. Rabinovitch gave a most interesting lecture on "Insulin" at the March meeting, and Miss Hendrie entertained the members at the April meeting with a talk on "Old Montreal."

About $115.00 was realized at a "bridge" party held recently for the benefit of the Nurses' Home.

Misses Muriel Hill and Margery MacDonald, both of the class of '22, are engaged on the staff of the Valhalla Hospital, New York.

The sympathy of the members is extended to Miss Florence Doherty and Miss Eleanor Hancock, both of whom lost a father recently.

Royal Victoria Hospital, Montreal

Miss Grace Moffatt (1921), night superintendent of the Ross Pavilion, has resigned and will be succeeded by Miss Helen Rice (1917).

Among the R.V.H. graduates taking the course in Administration at the Summer Institute for Graduate Nurses, McGill University, were: Miss Mary Bliss (1911), superintendent of the Soldiers' Memorial Hospital, Campbellton, N. B.; Miss Lena Campbell (1919), assistant superintendent of Miramichi Hospital, Newcastle, N. B., and Miss Helen Rice (1917), of Moncton, N. B.

The engagement is announced of Marjorie Gordon Minnes (1921) to Mr. Granvil Sinclair, Belleville, Ont., the marriage to take place early in June.

Miss Ruth Graham (1923) has been appointed assistant head nurse on the third floor, Ross Pavilion.

Miss Etta Binning, assistant head nurse, fourth floor, Ross Pavilion, has gone to England for two months.

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ONTARIO

Toronto General Hospital

The Alumnae Association held a most successful theatre night on April 23rd at the Princess Theatre, which was crowded.

Port Arthur

The local members of the Thunder Bay Graduate Nurses' Association held a very successful tea at the home of Mrs. J. A. Little, when the sum of $64.00 was raised in aid of the Memorial Fund.

London

Miss Lexie Cockburn, school nurse and member of the Victoria Hospital A.A., was one of London's delegates to the Ontario Educational Convention and the Triennial Convention of the National Educational Council of Canada, held in Toronto the first week of May.

At the May meeting of the Alumnae Association, plans for the entertainment of the 1923 class of Victoria Hospital were completed, and a dance will be held in their honor at Springbank Pavilion on May 18th. The report of the delegate to the G.N.A.O. meeting in Peterboro was given by Miss Madeline Adams.

A strong point brought out by Dr. H. W. Hill, dean of the Institute of Public Health, in support of a campaign he is waging to have public health put under Federal control to a larger extent than is done now, is the tremendous cost of dying. Estimating from the cost of London's funeral bill for the past year, which totalled $720,000.00 at the most conservative figure, the cost for the whole of the Dominion must have been, in the past year, $106,000,000.00. Dr. Hill stated that, if $100,000,000.00 were to be spent on the effort to keep Canadians healthy, at least $200,000,000.00 would be saved annually.

Owen Sound

The 1923 class of the General and Marine Hospital held their exercises recently, when the following nurses received pins and diplomas: Misses Maud Kennedy, Janet Forgrave, Mary C. Stewart, Mary Doubt, Grace Rusk, Ethel Edwards, Jessie Tippin, Elizabeth Sutcliffe, and Annabelle Brown. An excellent and much enjoyed musical programme was given and several addresses made.

Hamilton

The graduating exercises of the Hamilton General Hospital were held on May 4th in the lecture-room of the new residence. The spacious room was filled with friends and relatives of the class of 1923, with 38 members graduating. Miss Dorothy French was awarded the Emma E. Pratt scholarship, who also won one of the university scholarships. Miss Ada Scheifele won the Mary McClaren House scholarship. The D. G. McInwraith prize for obstetrics was presented to Miss Ada Squires. Miss Evelyn Hazelwood obtained one of the two university scholarships. The speaker of the afternoon was the Rev. Canon Cody, of Toronto, whose address was wonderfully inspiring.

Miss Laura Harper left recently for Mineral Springs Sanitarium, Winnipeg, where she has accepted a position.

Misses Ferguson, Campbell (Kate) and Bannister are on the staff of the Fox Memorial Hospital, Oneonta, N. Y.

Miss Wray is at the Hermon Keefer Hospital, Detroit.

Misses Duncan and Fish have gone to Cleveland, O.

Mrs. George O'Brian left recently for Norwalk, Cal., where she intends to reside. She will be greatly missed by the Alumnae Association, where she has been a helpful and efficient officer for over four years.

Chatham

A large meeting of the Public General Hospital A.A. was held May 7th at the home of Miss M. Bell. After the routine business was disposed of, the president, Miss Head, gave a most interesting report of the meeting of the G.N.A.O. in Peterboro, where she and Miss Priscilla Campbell, superintendent of the hospital, were in attendance. Mrs. T. Smith (Mrs. Bruce Suitor), a former president of the association, was presented by the members with a silver plate. A social hour, with refreshments, closed a pleasant evening.

Toronto Free Hospital

The announcement of the selection by the Department of the Provincial Secretary, Ontario, of Miss E. MacP. Dickson, lady superintendent, Toronto Hospital for Consumptives, Weston, to act as Inspector of Hospitals for the purpose of making a preliminary survey of the Training Schools for Nurses in connection with the registration of nurses, will be received with commendation by nurses generally. For many years Miss Dickson has been active in nursing affairs, and has taken a prominent place in the various organizations. In addition to having held many of the subsidiary offices, she is the immediate past president of the Canadian National Association of Trained Nurses.

In Ontario she has for many years been prominently connected with the efforts that have been made to secure suitable legislation for the purpose of putting into effect a plan whereby nurses in Ontario could be given the benefit of registration. Only those who have been intimately associated with her in these various activities can have any adequate idea of the amount of thought, time and energy which she has devoted to the interests of the nursing profession in general.

For this new line of work she is admirably qualified, in that she has had experience in large, small and special hospitals and is able to appreciate the advantages, requirements and limitations of each. She combines also in an unusual degree clarity of thought, good judgment, facility of expression, and tact, all of which are needed in the inauguration of an important piece of work such as the provincial registration of nurses is. It is confidently anticipated by those who know Miss Dickson that her work in this connection will be not only creditable to herself, but also equally satisfactory to nurses and the Department. It is understood that the appointment is for a special piece of work only, to be completed within a few months, and that not until the plan is in successful operation will the question of a permanent appointment as inspector be considered.

Cochrane

Practical help by the Canadian Red Cross has helped the situation in this town in respect to the typhoid epidemic. The Ontario Division recently voted $25,000.00, in addition to what supplies had already been given. This organization took over the emergency hospital, and Miss Morley is stationed at the town hall in charge of the Red Cross work.

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MANITOBA

Winnipeg General Hospital

Miss Edith Timleck (1917) has resigned her position as charge nurse of the operating room, Children's Hospital.

Miss Katharine Van Allen (1920), who was awarded the 1921 W. G. H. A. A. scholarship, is taking a post-graduate course in public health nursing in Toronto.

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SASKATCHEWAN

Saskatoon

The Saskatoon Graduate Nurses' Association met for the regular May meeting on Thursday, May 3rd, 1923, at St. Paul's Hospital. Representatives of the Standing Committee of the Provincial Association were appointed, as follows: To the Private Duty Committee, Miss Leitch; to the Nurse Education Committee, Sister Mayer; to the Public Health Committee, Miss McGill; to the Press Committee, Miss R. Smith. The convener of the Social Committee reported the recent dance given by the association a decided success, the net proceeds amounting to $130.00, while the evening was most thoroughly enjoyed.

The graduation exercises of the Saskatoon City Hospital were held in the Nutana Collegiate Auditorium, Saskatoon, on Friday evening, May 18th. Diplomas were awarded to the following nurses: Elsie L. McNab, Mildred J. Smith, Annie C. Marriott, Mary R. Chisholm, Margaret E. Grant, Margaret L. Cooper, Dorothy M. Tipper, Pearl V. Dolan, Edith Amas, Gladys M. Jackson, Helen B. Sim, Elsie I. Miller, Ethel M. Smith.

Moose Jaw

At the May meeting of the Moose Jaw Graduate Nurses' Association Dr. Smith gave an interesting and instructive address on "Procedure of Meetings." Representatives to the provincial standing committees were appointed as follows: To the Press Committee, Mrs. F. C. Harwood; to the Provate Duty Committee, Mrs. Bastien; to the Nurse Education Committee, Miss E. Eisele; to the Public Health Committee, Miss C. M. Kier. The members of the association decided to furnish a ward in the new wing of the General Hospital in memory of Miss Gallagher, a former superintendent of the hospital, who made the supreme sacrifice during the Great War.

Regina.

Hospital Day was fittingly observed at both the Grey Nuns' Hospital and the Regina General Hospital, many hundred visitors visiting each of the institutions. The visitors were shown over the different departments of the hospital, and tea was also served to all of the visitors.

At the May meeting of the Regina branch of the Registered Nurses' Association the following representatives were appointed to the various standing committees of the Provincial Association: To the Private Duty Committee, Miss C. J. Andrew; to the Public Health Committee, Miss M. Lindeburgh; to the Nurse Education Committee, Miss S. I. MacKinnon; to the Press Committee, Mrs. MacGillivray.

Miss A. Sheppard, convener of a special committee to arrange for a bridge party at the General Hospital Nurses' Home, reported the proceeds of the evening as $90.00; this amount was voted to be sent to the Memorial Fund, to complete the offering from the Regina nurses. Plans for a rummage sale, and committees for a bazaar, to be held in the early fall, were arranged. The local association then adjourned, to meet on the first Thursday in September.

The very deepest sympathy is extended to Miss Eva Rowand (graduate of the Victoria Hospital, London), whose sister, Annie, died on the morning of May 15th, following a long illness.

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BRITISH COLUMBIA

Vancouver

The monthly meeting of the V.G.N.A. was held on May 2nd. The principal business was discussion as to what form of community service work the association would take up, and it was finally resolved to raise funds to supply kindergarten and playground equipment for the pre-school children at the Creche.

Mrs. Stabler, Director of Red Cross Nursing for B. C., gave an address on "Industrial Nursing." Mrs. Stabler, having had much experience in this work, was able to present her subject from all the different angles. This subject was particularly interesting to those present, as this is a branch of public health nursing hardly touched upon in B. C. Tea was then served by the Social Committee.

A "get-together" supper, organized by the Public Health Nursing Committee of the G. N. A. of B. C., was held on May 16th. Following the supper, there was a short discussion on "Nutrition." Posters and literature on this subject were displayed and practical ideas expressed.

At the Eighth Congregation of the University of British Columbia for the conferring of degrees, the following nurses had their part:

In the Faculty of Applied Science, Miss Anna Marion Fisher, Miss Beatrice Fordham Johnson and Miss Margaret Louise Healey received the degree of Bachelor of Applied Science (in nursing).

In the Public Health Nursing-Diploma course of one year for graduate nurses, the following passed, in order of merit: Class 1—Florence M. Elcoate, Marion Fisher, Winnifred Godard, Beatrice F. Johnson, Janet M. Card. Class 2—Minnie E. McLennan, Marion D. Craig, Margaret J. Woods, Margaret L. Healey, Laura B. Timmins, Mary S. Miller, Kathryn Walsh, Margaret I. Glen, Charlotte S. McNaughton. Passed, Beatrice A. Bickley.

The prizes awarded by the Provincial Board of Health were awarded to Misses F. M. Elcoate and W. V. Godard.

Vernon

Miss A. T. Wilson and Miss Olive Wood, of the staff of the Jubilee Hospital, Vernon, have left for England on a five months' leave of absence.

Miss Mary Stevenson, Vancouver General Hospital, has accepted the post of night supervisor in the Vernon Jubilee Hospital.

Miss Ingram, Holy Cross Hospital, Calgary, is taking night charge of the maternity ward of the Vernon Jubilee Hospital for the summer.

Nanaimo

Hospital Day was celebrated by many citizens, who visited the General Hospital on May 12th. Addresses were given by Hon. Wm. Sloan, Minister of Mines; Mayor Busby, and Dr. Brown, the president of the Hospital Board. All spoke strongly on the present need of a new hospital and appealed to the whole city for help by each individual citizen. A band was in attendance, and tea was served by the staff, assisted by members of the Women's Auxiliary, the Red Cross, the Native Daughters, the Maccabees, and the I.O.D.E. The Women's Auxiliary, through the president, gave a prize of a $10.00 gold piece to a school child writing the best essay on "Nursing as a Profession." Miss Randle won this prize, and the hope was expressed that in the future Miss Randle would become a nurse.

Victoria

The Alumnae Association of the Provincial Royal Jubilee Hospital have adopted a ward with six beds in the east wing, to be used as a woman's ward. Heretofore their efforts have been made toward refurnishing the present woman's ward, new beds and bedside tables having been purchased. It is expected that the new hospital will be open by November, 1923. At a meeting of the executive of the A.A., held recently, a letter of protest was sent to the Board of Directors against the proposal to change the name of the hospital.

Many entertainments were given for the graduating class of 1923 at St. Joseph's Hospital, in addition to the delightful function at the exercises. Miss Margaret Redford was the recipient of the Bursary given by the Victoria Graduate Nurses' Association to the most efficient nurse in the first year.

The monthly meeting of the Victoria G.N.A. was held on May 8th, with a good attendance. Keen interest was shown in the lantern slide illustrating the "History of Nursing." Miss Gregory-Allen gave a talk on these slides, and Miss Jessie Mackenzie assisted with the lantern.

New Westminster

Miss Standish (Royal Columbian Hospital) has accepted a position at the Laurel Sanitarium, Seattle, Wash.

Misses G. Taylor and E. L. Swanson (Royal Columbian Hospital) have accepted positions on the staff of the Cleveland Maternity Hospital, where they have been taking post-graduate courses.

Miss Code, who had charge of the Sick Nursing Sisters' Hospital in London, is at present in Los Angeles, Cal., staying at the Kinsington Apartments with Miss M. MacDonald, R.R.C., and Miss Stella Dolan.

Mrs. Ray Hyland (M. C. Burt), who was in charge of the obstetrical floor in the Pacific Hospital, Los Angeles, has resigned, and is doing private duty. Miss Hope Massey resides with her.

BIRTHS

Beatty—On February 13th, 1923, to Dr. and Mrs. J. C. Beatty (Bernice Petch, Winnipeg General Hospital, 1916), twin sons.

Boulding—At the Grey Nuns' Hospital, Regina, Sask., on April 27th, 1923, to Mr. and Mrs. E. F. Boulding (Rachel G. Moran, Grey Nuns' Hospital Regina, 1921), a son.

Clapperton—At the Private Pavilion, Toronto General Hospital, on May 7th, 1923, to Mr. and Mrs. W. Clapperton (Madeline Essery, 1921), twin daughters.

Farlinger—At New Liskeard, Ont., on February 28th, 1923, to Dr. and Mrs. A. C. Farlinger (Sara McCorquodale, Royal Victoria Hospital, 1919), a son, Fraser Alexander Farlinger.

Fawcett—At the Private Pavilion, Toronto General Hospital, to Mr. and Mrs. Fawcett (Mabel McNaughton, 1919), a daughter.

Hardwick—At the Montreal Maternity Hospital, on May 3rd, 1923, to Mr. and Mrs. Hardwick (C. M. McIntosh, M.G.H., class 1920), a daughter.

Scott—At Vancouver, B. C., on December 8th, to Mr. and Mrs. Osborne Scott (A. Heath, Winnipeg General Hospital, 1920), a son.

Scott—To Dr. and Mrs. Max Scott (M. Metheral, Winnipeg General Hospital, 1920), a daughter.

Smith—To Mr. and Mrs. Ralph Smith (Minerva M. Milton, Regina General Hospital, 1918), on April 28th, 1923, a daughter.

Truemmer—At the Winnipeg General Hospital, on February 7th, 1923, to Mr. and Mrs. D. Truemmer (N. Walters, W.G.H., 1917), a daughter.

MARRIAGES

Cameron-Jack—At Winnipeg, on December 7th, 1922, Agnes Jack (Winnipeg General Hospital, 1921) to Mr. Bert Cameron.

Ellis-Pirt—At Winnipeg, Man., on December 25th, 1922, Margaret Pirt (W.G.H., 1920) to Mr. William Ellis.

Fuller-Straith—On August 30th, 1922, at Pertacho Beach, China, Margaret Meldrum Straith (Winnipeg General Hospital, 1919) to Mr. G. V. Fuller.

Harding-Stanley—At Punnichy, Man., on January 15th, 1923, Hazel Stanley (Winnipeg General Hospital, 1921) to Mr. John Harding.

Keighley-Ehlers—On April 6th, 1923, Winifred Ehlers (Royal Jubilee Hospital, Victoria, B. C.) to Mr. Harvey Keighley, Eagle Bay, B. C.

McCallum-Watts—At Winnipeg, Man., on January 10th, 1923, Emmeline Watts (W.G.H., 1917) to Mr. F. McCallum.

McLellan-Ewart—At Penticton, B. C., on April 17th, 1923, Bernice Jane Ewart, R.N. (Toronto Western Hospital, 1916), to John Alfred McLellan, of Fairview, B. C.

McQuarrie-Burnett—At Vancouver, B. C., on April 25th, 1923, Bessie L. Burnett (Vancouver General Hospital) to Mr. J. A. Herbert McQuarrie.

Oliver-Mitchell—At Saskatoon, Sask., on May 1st, 1923, Elizabeth Alice Mitchell (Saskatoon City Hospital, 1914) to Rev. Arthur S. Oliver, Presbyterian minister at Landis, Sask. Miss Mitchell was a former matron of the Kindersley Hospital. Mr. and Mrs. Oliver left for a visit to the British Isles and to the Continent, and will reside in Landis.

Rice-Corner—At Seattle, Wash., on May 1st, 1923, Edith Isabel Corner (Vancouver General Hospital, Vancouver, B. C., 1921) to Francis E. Rice, of Seattle.

Ruff-Carruthers—At Cranbrook, B. C., on May 2nd, 1923, Mrs. Emma V. Carruthers (Brandon General Hospital, Brandon, Man.) to Mr. Joseph Whitehead Ruff. Mr. and Mrs. Ruff will reside at Waldo, B. C.

DEATHS

Legge—On March 7th, 1923, at her sister's residence, after a long and painful illness, borne with great Christian fortitude, Martha L. Legge, graduate of the Hospital for Sick Children, Toronto (class 1896) and post-graduate of Montreal Maternity Hospital and General Memorial Hospital, New York City.

McDougall—At San Bernardino, Cal., on April 13th, 1923, Anna MacDougall (Saskatoon City Hospital, 1917).

Newland—At the American Hospital, Mexico City, Mexico, on April 24th, 1923, Mary Ethel Newland. Miss Newland was a native of Sydney, Australia, a registered nurse of British Columbia, and a graduate of the Royal Prince Albert Hospital, Sydney, N.S.W. She had resided in Mexico for a little over two years, and her sudden death after an operation proved a shock to all her friends.

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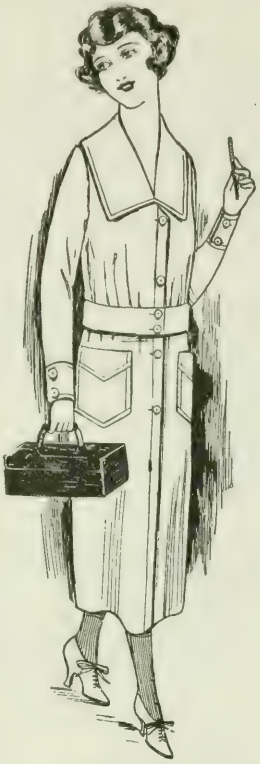

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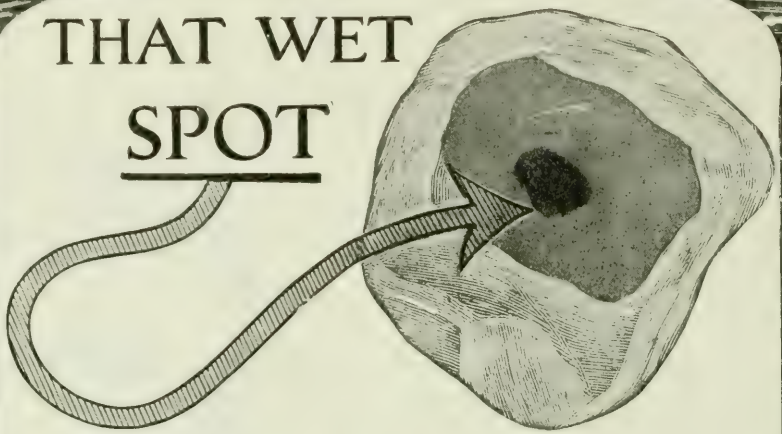

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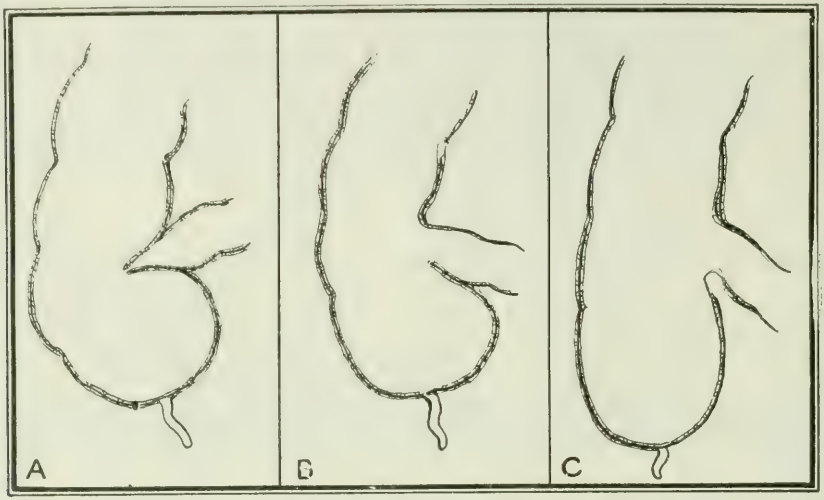

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Diabetes

By GLADYS L. BOYD, M.B.,
Visiting Physician, Hospital for Sick Children, Toronto.

Read before the Annual Convention of the Graduate Nurses' Association of Ontario, at Peterboro, April 6th, 1923.

Diabetes is a disorder of metabolism in which the body is unable to utilize carbohydrate and consequently incapable of burning fats.

The first record of the disease is found in an old Egyptian papyrus written before the time of Moses. Further mention of it is not found until about 150 A.D., when a Roman physician contemporary, with Galen, wrote a treatise describing it as "the melting down of the flesh into urine," and gave it its name from the Greek word, meaning "to syphon." Centuries elapsed before European medicine again refers to the disease, but evidence that the Hindus recognized it in the sixth century is contained in the Ayrer Vede.

None of these ancient observers associated the symptoms of thirst and polyuria they described with faulty metabolism of carbohydrate, nor recognized that the urine contained sugar. Wells, in the seventeenth century, was the first to note that the urine was sweet to the taste, and not until the end of the eighteenth century was it determined by chemical tests that the sweet taste was due to sugar. At this time reports of such tests were published by an Englishman, Dobson. In 1797, Rollo recommended a meat diet as the first therapeutic measure suggested in the treatment of the disease.

Modern study of the disease begins with the work of Claude Bernard about the middle of the last century. He recognized the sugar in the urine, and found that puncture of the floor of the fourth ventricle at the base of the brain also produced glycosuria. He also noted that glycogen was stored in the liver, and suggested that in normal individuals some internal secretion in the blood again converted the glycogen into glucose, in which form it is used by the body, and in diabetes this secretion was lacking. The function of the pancreas in furnishing this secretion was not proven until 1889, when von Mehring and Minkoswski produced severe and fatal diabetes in dogs by complete removal of the pancreas. Numerous workers have since then repeated this experiment and corroborated their results.

Since the discovery of the lack of the internal secretion of the pancreas being the cause of diabetes, numerous investigators have attempted to cure the disease by the administration of pancreatic extracts prepared and given in different ways. Negative and even harmful results have resulted from feeding pancreas. In 1907, Rennie and Fraser, two Englishmen, thinking that the cause of failure might be due to the digestion of the internal secretion of the pancreas, the digestive ferments produced by the organ, obtained pancreatic tissue from teleostat fishes, in which the portions of the organs producing these two ferments were separate, and fed them to patients. They were unable to obtain any beneficial effect, as the patients' digestive ferments broke down the extract. Had these observers tried injecting their extracts, "insulin" would have been discovered years earlier. In 1913, Murlin, and a little later Kleiner and Paulesco, injected aqueous extracts of pancreas and produced transitory lowering of the blood sugar. Allen, one of the foremost authorities on diabetes, reviewed all the literature on the use of pancreatic extracts up until 1913, and concluded that extracts of the pancreas possessed no clinical value.

In the summer of 1921, Dr. Banting and Mr. Best started to reinvestigate this problem. They believed that pancreatic extracts, as usually prepared, were unsatisfactory because the digestive ferments they contained destroyed the internal secretion. The elimination of these ferments was their first problem.

To understand their work, let me explain a little about pancreas. This organ contains two distinct types of tissue. First, there is the

acinous or glandular portion, numerous minute glands throughout the pancreas, which produce a digestive enzyme and open by many ducts into one main duct, which in turn empties into the intestine. Secondly, separated by connective tissue from these glands are found numerous small islands of tissue which are richly vascular and which do not open into any ducts. This island tissue produces a ferment to which passes directly into the blood stream and is known as an internal secretion. Disease of these islands and consequent lack of this internal secretion is the cause of diabetes.

Banting and Best found that when they tied off the ducts from the pancreas this island tissue remained intact, but in from seven to ten weeks the acinous tissue degenerated. They therefore performed this operation in dogs, and ten weeks later removed the pancreas and extracted it with an ice cold saline solution. These extracts were destroyed if they were mixed with the digestive ferment of the pancreas. Extracts obtained in this way were the first "insulin" used. They proved highly potent when injected into diabetic dogs and ameliorated all their symptoms, but were difficult to obtain. It has been noted by earlier workers that the pancreas of the foetus was rich in island tissue and contained little, if any, of the acinar tissue. Banting and Best then extracted the pancreatic tissue taken from fetal calves and obtained a highly potent and readily procurable extract. Such extracts when injected into completely diabetic dogs, which do not usually live longer than two weeks, prolonged life for seventy days, at which time the animals were killed. The blood sugar was reduced, the urinary sugar disappeared, and studies on the metabolism of the dogs showed them to be utilizing the ingested carbohydrate.

These results obtained in dogs led these workers to expect that potent extracts suitable for administration to human diabetics might be obtained. Further investigation led to the production of such an extract, which was sterile and could be given safely to a human being. Various modifications of this method have since been made, but the same general principles still obtain in the production of insulin.

The amount of insulin has been limited and not available for all in the past. To insure against mishaps, its uses have been limited to certain experienced workers, but means are now being taken whereby physicians all over the province who take a short course in its use will be able to obtain some of the extract for use in private practice.

The cause of the destruction of the islands and of diabetes has not yet been determined. Heredity and infections are usually blamed, and probably some cases are due to each. The disease frequently occurs in several members of a family, suggesting its hereditary nature, and frequently follows acute infections, such as tonsillitis and influenza. These infections usually make the disease worse when it is present. Obesity in middle life is regarded as a predisposing factor, probably because both conditions result from prolonged overfeeding. Certain races, particularly

the Jews, are more susceptible to this disease. The number of cases is increasing in late years, especially on this continent, due probably to the combination of more food and less exercise.

Diabetes may be either acute or chronic. Usually the younger the individual, the more acute and fatal the disease proves. In children it may last two or three months and occasionally five or six years, never longer, while adults may live twenty-five to thirty years with it. The passage of a large volume of urine, increased thirst and appetite, often accompanied by loss of sight, should suggest examination of the urine for sugar at once. In a child a history of more or less sudden onset of enuresis, plus loss of weight, is often obtained. Skin infections, such as boils and carbuncles, are frequent complications. Trivial incidents of ordinary life, such as a cold, or wet feet, lower a diabetic tolerance to carbohydrate or even usher in coma. About seventy-five per cent. of diabetics die in coma. The remainder succumb to some intercurrent infection to which they are particularly prone.

Diabetic coma is due to the accumulation in the blood and tissues of the imperfectly oxidized end products of fats, which the body is unable to burn completely without carbohydrates. It is frequently preceded by headaches, restlessness, severe abdominal pain and vomiting. Then the patient becomes more and more drowsy, and rouses only at times. The coma gradually deepens, until the patient cannot be roused at all. The breath has a peculiar odor ascribed to acetone. Breathing is deep and sighing. The patient may die this way, or convulsions may precede death.

The diagnosis of diabetes is made by examination of the blood and urine, and the finding in both, or in the blood alone, of more than the normal amount of sugar. Glycosuria, with a normal blood sugar, is not due to faulty carbohydrate metabolism at all, but simply an increased permeability of the kidney for glucose. It is known as renal diabetes, and diabetic treatment is both useless and unnecessary. On the other hand, a high blood sugar, with or without glycosuria, means diabetes.

The ultimate aim of all treatment, which has chiefly been dietetic, was to give absolute rest to the pancreas, as experimental work has shown that island tissue may regenerate or new islands form under such conditions. The success or failure of such treatment was judged by its effect on the excretion of sugar, and of late on the blood sugar. In order to do this the diet was usually of necessity so low in total calories as to make the patient lose weight and to stunt the growth in children. In making up a diet, fats, carbohydrates and protein must all receive consideration. About half the protein ingested can be converted into carbohydrate. The proportion of fat to carbohydrate must not be too great, or acidosis and sometimes coma ensues. The most satisfactory diets from the point of view of palatability and the total calories they contain can be prepared with fairly high proportions of fat and small amounts of both carbohydrate and protein.

The effects of insulin on treatment must be considered (1) the more or less chronic cases and (2) in coma cases.

A cure of diabetes with insulin has never been promised, but it furnishes a means whereby a patient's blood sugar may be kept low and his pancreas at rest, while he takes sufficient diet to maintain him in health and strength, and, in children, gets a chance to grow. The majority of adult diabetics can be treated efficiently by diet alone; the more severe adult cases, and most children, cannot. Following a course of insulin treatment, in which the blood sugar is kept low, there is at least a temporary increase in the patient's tolerance to carbohydrates. Time will have to elapse before the permanency of such a change can be determined. The transformation of an emaciated dwarf, which a chronic diabetic child usually is, into a healthy looking boy or girl is a most convincing argument of the value of insulin in chronic diabetes.

Insulin is a specific in the treatment of diabetic coma, and the only valuable means of combating this condition successfully. Adults occasionally recovered from coma without insulin and in spite of treatment; children never did. Recovery from coma is practically a certainty with insulin if the treatment is started within forty-eight hours of its onset. After this the sympathetic nervous system has become poisoned by the toxic end products of the imperfectly oxidized fats, viz., acetone acid, diacetic acid, and chances of recovery are lessened. Treatment should be started at once, the insulin being injected in large doses subcutaneously or intravenously, depending on the urgency of the case. Fluids usually in the form of ten per cent. glucose should be pushed. If the patient is unable to take fluid per mouth, interstitial and intravenous injections must be given. The bowels must be cleaned out. The patient must be kept warm. Coma patients frequently have subnormal temperatures. No case of diabetic coma should be regarded as hopeless until life is extinct. It is a remarkable sight to see an almost moribund patient respond to treatment with insulin. Recovery may start almost at once, or may be absent clinically for several days and yet complete cure results. During the treatment, frequent examinations of the patient's blood and urine are necessary to determine the adequate dose of insulin and to indicate progress towards recovery before the clinical evidence is present.

In conclusion, it is not too much to state that the discovery of insulin has given a brighter and more hopeful outlook to all diabetics. To most children with diabetes, who were formerly regarded by most as too hopeless to be worth treatment, it has given life itself. Its greater availability in the near future will, of course, greatly widen its value.

More of the green raw foods, of natural foods, are needed as an added part of our diets.—PERCY HOWE.

The International Council of Nurses

By Ethel G. Fenwick,
Founder, International Council of Nurses.

We are receiving letters from various National Associations of Trained Nurses, federated in the International Council of Nurses, asking for information as to its connection, if any, with the new organization termed "The European Council for Nursing Education," promoted by the League of Red Cross Societies, which has now its headquarters in Paris, and which recently held its second annual meeting there.

At the present there is no connection between the two organizations, but the fundamental difference in the organization of the two councils is —that the International Council of Nurses is composed of Federated National Organizations of Trained Nurses, and is, therefore, a purely professional council, and the new organization is not.

The I.C.N. meets triennially for the purpose of (a) providing a means of communication between the nurses of all nations, and (b) to provide opportunities for nurses to meet together from all parts of the world, to confer, and take action, upon questions relating to the welfare of their patients and their profession. The International Council has adopted resolutions (1) in support of an international standard of nursing education based upon a term of three years' training, and (2) in favor of State organization and registration of trained nurses, and has held nursing conventions of world-wide interest and influence in London, Berlin, Buffalo, Paris, Cologne, and in other cities, and during the war kept in touch, through their official organs, with the National Councils of Nurses in Great Britain and Ireland, the United States of America, Canada, New Zealand, India, South Africa, Denmark, Holland, Belgium, Norway, Finland, Italy, and China, with France through Dr. Anna Hamilton, vice-president, and with nurses in many other parts of the world.

At the business meeting of the council, held at Copenhagen last May, Baroness Mannerheim, president of the National Council of Nurses of Finland, was elected president, and the International Council is convened to meet at Helsingfors in 1925.

We hope the National Councils of Nurses will jealously guard their fundamental basis of professional membership, just as the International Medical Council does; it is imperative if the professional and economic status of the Nurses' Council is to have full and sufficient liberty of thought and action.

The International Council has nothing narrow in its outlook, and invites and welcomes fraternal delegates who are not nurses to its conferences; but, of course, quite rightly, these guests are not empowered to vote and decide its professional policy.

We gather that the policy of the European Council for Nursing Education, which at present is a little young to assume this somewhat

inclusive title, approves of definitely recognizing the interdependence of nurses and those interested in promoting nursing education—such as hospital administrators, Red Cross officials, doctors, and other lay persons. In other words, it does not propose to organize on a professional basis, so that it should in no way assume to compete with the International Council of Nurses, which is founded on this rock, any more than it would assume to dictate to the Medical International on medical ethics and education.

Full and free discussion between the laity and members of professions, the policy of the European Council, has its uses no doubt. It also has its dangers if the laity assume a right to control as the British Red Cross Society does in this country—where there is not one registered nurse on its council or committees, and where social influence and money alone secure representation.

None of the ladies promoting the European Council have ever had the advantage of attending our wonderful international meetings. Do not let them forget that at Cologne we assembled 1,000 accredited delegates from twenty-three countries of the world, and took counsel together on dozens of burning nursing questions and needed reforms, and that through the pioneer work of our international leaders—guided by the altruistic spirit of the honorary secretary, Miss Lavinia Dock—many of these questions burn no longer, so many reforms have been accomplished of late years. Even nurses in Great Britain and Ireland, after a thirty years' struggle, can now write "Registered Nurse" after their names! and will attend at Helsingfors in glittering slippers—no longer the Cinderellas of the nursing profession!

I note from the report of the London meeting in 1909 that, in addition to the official delegates, we welcomed 192 fraternal delegates, from Australia, Belgium, Canada, Cuba, Denmark, France, Germany, Holland, Italy, Java, Japan, New Zealand, and the United States of America—to say nothing of all the eminent people resident in England who graced our congress with their presence, and who entertained us with such lavish hospitality.

The international spirit is an all-inclusive spirit, and we have no doubt at our next merry meeting in Finland we shall meet hundreds of the younger generation of nurses, inspired with just the same humane and progressive spirit which animated the founders of our great "International" by British and American nurses in London in 1899.

Anyway, whether official or fraternal delegates, their welcome is assured.

—*British Journal of Nursing.*

Milk, eggs and the leafy vegetables, the protective foods, are so constituted as to correct the dietary deficiencies of the seeds, tubers and meat.

E. V. McCollum.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By Maude E. Seymour Abbott, B.A., M.D.,
Curator of the Medical Museum, McGill University

ADDENDA TO LECTURES I. TO IX.

The following lantern slides of interest have been obtained since the publication of the above lectures in earlier issues of the *Canadian Nurse*. As they illustrate important features in the various sections, they are published by title below, under the number next to which they fall in the historical series. These slides can be obtained, like the remainder of the series, by application to the author.

SECTION 2.—ANCIENT MEDICINE.

Slide No. 10a—The Cult of the Dead, or the worship of the deities of the underworld, as illustrated in ancient Cretan medicine 3500 B.C.:

(a) Painted terra-cotta pillars, surmounted by doves, from sanctuary of dove goddess in the palace at Knossos. Each column is a separate religious entity (uranic or celestial aspect). In the Minoan Age, objects of worship were usually aniconic, as a rule trees, large stones or columns of stone.

(b) Female votary, surmounted by dove, (denoting the celestial aspect), from shrine of the Double Axes in the Palace at Knossos.

(c) Figure of the Cretan goddess of healing. Note the serpent coiled about her arms, ribs and head-piece. Note also the peculiar modern effect of her corseted figure.

(d) Faience figure of female votary from same sanctuary. Note the serpent grasped in the hand and raised upward, suggesting the snake-dance of certain tribes of Indians.

Slide No. 10b—A cupping outfit—early Egyptian or Cretan medicine. The cups are of bronze; between them is a medicine chest.

Slide No. 11a—A Greek Clinic, showing bleeding and cupping. Taken from a Greek vase, 5th Century, B.C.

SECTION 3.—GREEK MEDICINE.

Slide No. 13a—Apollo, the Greek god of healing, the father of Asclepios. An unusually fine statue from the centre of the west pediment at Olympia.

SECTION 4.—NURSING IN THE EARLY CHRISTIAN CHURCH.

Slide No. 38a—Tobias restoring his father's sight (illustrating the story in the Apocrypha).

Slide No. 40a—Ste. Radegunde receiving the religious garment from the hands of St. Medard, Bishop of Noyon. A famous Abbess of the 6th Century, A.D. She founded the convent of St. Croix near Poitiers in France, a large community of nuns devoted to the care of the sick, and the transcribing of ancient manuscripts. She was the daughter of a Thuringian king

and wife of the licentious King Clotaire, from whom she fled to the protection of the church at Noyon, where she was consecrated a deaconess. As a royal princess, she had much political influence and acted as peacemaker in quarrels of contemporary European rulers. Died 587 A.D.

Slide No. 40b—Ste. Hildegarde, considered by many the greatest woman of the middle ages, called the "Sybil of the Rhine" on account of her extraordinary intellectual powers which endowed her with qualities of foresight and judgment that caused her to be regarded as a prophetess. She had a wide knowledge of medical science as well as of nursing, and made contributions to scientific literature which foreshadowed many modern discoveries in natural philosophy, physiology and pharmacology, and was of a noble and commanding character and tender nature that inspired reverence and affection. She had also a wide knowledge of music, and she was a great political power in her day. Born near Kreuznach in Germany, in 1098 A.D. She founded the community of Rupertsberg, at the head of which she pursued her remarkable activities and researches until her death at the age of eighty-one years.

SECTION 8.—MILITARY NURSING ORDERS.

Slide No. 50a—Ste. Ubaldesca, a sister of the Order of St. John, who died at Pisa in 1206, and was canonized by her miracles and works of charity. Her body was transported to many places in the course of the next three hundred years, and through it are said to have been performed many miracles. It was finally laid to rest in the Church of St. John in Malta, where it still reposes. Her robe is black over white with black veil edged with neatly pinched white border; she holds a red book and a little chafing dish in her hands and wears the eight-pointed white cross on her breast.

SECTION 14.—ST. VINCENT DE PAUL AND THE SOEURS DE LA CHARITÉ.

Slide No. 99a—Saint Vincent de Paul, founder of the Mission-Priests and of the Daughters of Charity. After a picture reproduced in Mgr. Bougaud's Life, Vol. I.

Slide No. 100a—Philippe Vicomte de Gondi, General of the galleys of France, St. Vincent de Paul's first patron, and in whose establishment he passed many years as tutor of his sons and spiritual Director of his wife, the saintly Mme. de Gondi. It was through her influence and the Count's generosity that he was enabled to establish the Collège des Bons Enfans at Paris for his congregation of mission priests.

Slide No. 100b—Jean Francois de Gondi, son of the Vicomte de Gondi, who became the dissolute Cardinal de Retz.

Slide No. 100c—Map of Paris and its suburbs in the time of St. Vincent de Paul, showing his first cure at Clichy, the Hotel de Gondi, the house of Mlle. de Gras, the house of the Fides de la Charité, the Collège des Bons Enfans, and the various hospitals of Paris.

Slide No. 100d—Marie de Vigneron (Duchesse d'Aiguillon), niece of Cardinal Richelieu, who was the corner-stone of St. Vincent's first institution, the Dames de la Charité, and who assisted him greatly by her large means and influence in his organization for the relief of the impoverished provinces of France. She afterwards founded the Hotel Dieu de Quebec, the first hospital of French Canada.

SECTION 16.—DARK PERIOD OF NURSING.

Slide No. 124a—Sketch of a Cordovan-clad doctor of Marseilles, having also a nose-case filled with smoking material to keep off the plague. With the wand he is to feel the pulse.

Slide No. 124b—The death by torture of two victims accused of causing the great plague at Milan in 1630 by smearing ointment on a house. Note the various forms of torture inflicted by the sentence being carried out in the picture at the same time, and the "Column of infamy" raised to their memory at the side. See Johns Hop. Bull. August 1898. Slide by kindness Lt.-Colonel Fielding Garrison.

SECTION 17. PASTOR FLIEDNER

Slide No. 132a—Mother Caroline Fliedner, second wife of Pastor Fliedner, who also assisted him greatly in his work. From Galerbuch für Christliche Unterhaltung, Kaiserwerth, 1894.

SECTION 18. FLORENCE NIGHTINGALE SERIES.

Slide No. 145a—Letter from Florence Nightingale's Mother, showing her handwriting, and reading:

"Embley, April 3rd, 1856.

"Mrs. Nightingale will be very much obliged to Mrs. Kiddle to direct the letters from Scutari to Embley, near Romsey, from this time. She is exceedingly obliged to Mrs. Kiddle for the care she has taken during the last two months in sending her daughter's letters to Burlington Str."

Slide No. 151a—Scene in the Barracks Hospital at Scutari, showing the arched stone doorways and windows, narrow ward-corridors and crowded patients, Miss Nightingale and two nurses.

Slide No. 173a—Letter from Florence Nightingale to Surgeon-Major G. J. H. Evatt, used in his circular when a candidate for the Woolwich election in 1886, expressing her admiration of his work for military sanitation in the House of Commons, and her warm sympathy in his candidature and best wishes for success.

Slide No. 177a—Charles Dickens, to whose novels belongs a part of the credit for nursing reform.

Slide No. 177b—Mrs. Lambert, an old-style nurse in the Royal Infirmary, Edinburgh.

Slide No. 177c—Mrs. Janet Porter, for 47 years a nurse in the Royal Infirmary, Edinburgh.

SECTION 19.—SUCCESSORS OF FLORENCE NIGHTINGALE.

Slide No. 197a—Catherine Elston, Dr. Anna Hamilton's choice for First Superintendent of the Nightingale Training School at Bordeaux, France.

Slide No. 199a—Alice Fisher, an English woman of birth and education, whose father, the Rev. George Fisher, F.R.S., was instructor in mathematics at the Royal Naval School and grandfather headmaster of Eton College. She entered the Nightingale School of St. Thomas' Hospital in 1875, and on her graduation a year later became assistant Superintendent of the Edinburgh Royal Infirmary, and afterwards held the post successively of Superintendent of the Fever Hospital at Newcastle, Addenbroke's Hospital at Cambridge, Radcliffe Infirmary at Oxford, and the General Hospital of

Birmingham. Came to America in 1884 to undertake the organization of the training school of the great Philadelphia General Hospital (Blockley). "She achieved here an extraordinary pioneer work, which showed qualities of masculine force and breadth of understanding with feminine tact and insight into character, which made her one of the moving forces in her community and placed her among the remarkable women of her time." Died in harness in 1888. Her stay at Philadelphia was synchronous with Sir William Osler's Philadelphia period.

Slide No. 199b—Lucy Lincoln Drown. Born in Providence, R. I. Trained in the Boston City Hospital under Linda Richards, and then became its Superintendent of Nurses, a post she held for twenty-five years. A gentlewoman of high standards, she gathered about her a group of young people devoted to the best ideals of nursing.

Slide No. 206a—Louise Darche, born at Lampton Mills, Ont., Canada; a teacher in her youth and Principal of St. Catherine's High School. Entered Bellevue Training School in 1883. Appointed Superintendent of the Training School at Blackwell's Island, New York, in 1888. Originated a plan for a department of city nursing and made a successful attempt at reform before her death, ten years later. Was the first Secretary of the Superintendents' Society.

Slide No. 206b—Diana Clifford Kimber, an Englishwoman of liberal education; entered Bellevue in 1884; became Assistant Superintendent of the Illinois Training School, resigning to assist her friend, Louise Darche, at Blackwell's Island. Accompanied the latter to England and cared for her to the last. Is now working in an Anglican Sisterhood. Author of one of the first scientific textbooks written for nurses by a nurse.

SECTION 20. MASTERS OF MEDICINE.

Slide No. 213a—Thomas Sydenham. 1624 to 1689. Known as the English Hippocrates. The next great teacher of internal medicine, after that Master. He practised the **vis medicatrix naturae** and taught modern clinical medicine at the bedsire by direct observation.

Slide No. 216a—Louis Pasteur. 1822 to 1875. The discoverer of the germ theory of disease and of the true nature of infection and the underlying principles of immunity. One of the greatest boons he gave mankind was the cure of hydrophobia by inoculation.

Slide No. 218a—Madame Marie Curie, who, with her husband, discovered radium.

(To be Continued)

The fact that garden vegetables are of value so largely because of their vitamins, and that vitamin content is to some extent dependent upon freshness, makes it possible that something more than sentiment and gratification of the palate may be involved in our preference for vegetables from the garden.—H. C. SHERMAN.

A man has generally the good or ill qualities which he attributes to mankind.—SHENSTONE.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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The Play as a Means of Teaching Health

There seems to be a state of frenzy at the moment on the part of public health nurses for devices in teaching health to children. These devices remind one of Mr. Rose's famous "pink splints for pale thinkers." Indeed, many of them are cheap and superficial, and of most doubtful educational value.

Any person who presumes to teach health must not think that this instruction is in a class by itself. Health education, to be valuable, must conform to the principles of education in general. The important thing, therefore, for the would-be teacher of health is not to have a pocketful of tricks at her disposal, but to be thoroughly conversant with the principles of education. She should at least know Plato's "Republic," and should be familiar with the doctrines of Froebel, Pestalozzi, Rousseau, Huxley and Herbert Spencer, as well as some of the great educationists of the present day.

Anyone who is intelligently interested in children realizes the importance of "self-activity" in any scheme of education. As Spencer puts it, "The vital principle is to enable the pupil rightly to instruct himself." Children should be *told* as little as possible, and induced to *discover* as much as possible. Any method which we may use must be checked up by the question, "Does it create a pleasurable excitement in the pupil?" For a child's intellectual instincts are always trustworthy. Everyone knows that things read, heard or seen with interest are better remembered than those read, heard or seen with apathy.

The dramatic instinct and the love of pageantry are inherent in most children, and wise teachers will seize upon these interests as a means of helping children to instruct themselves. The good health play is undoubtedly one of the most valuable mediums through which to teach health. The child, while being conscious only of amusement and pleasurable action, is unconsciously absorbing the health lesson conveyed by the play. Not only is this true of the actor, but it is also true of the audience, particularly if the costumes are attractive and the acting is devoid of self-consciousness.

Great care should be taken in the selection of these plays. The health lesson should be positive in character. We can very well dispense with the ugly monster and the grinning imps of disease. A stronger appeal can be made through the beauty of good health than through the fear of bad health. The play should have literary merit to the same extent that health stories and health verses should have. The way in which the "Mother Goose" rhymes have been mangled in order to produce health verses, of very doubtful value from any point of view, should be a warning to all teachers of health in their choice of material. I have reviewed a great number of health plays within the last year, and would suggest the following as being particularly good:

"The Land of Lollypop," with a cast of twenty-six. This play requires elaborate costumes, and is suitable for adolescent boys and girls. Patterns for costumes may be obtained by writing to the National Office of Junior Red Cross, 410 Sherbourne Street, Toronto.

"The Pied Piper of Health," with a cast of fourteen. A good play for children about ten years of age.

"Molly and the Health Fairies," with a cast of ten major parts. This is a girls' play.

"David and the Good Health Elves," with a cast of eighteen major parts. The leading parts are taken by a girl of about sixteen and a boy of twelve, and the other major parts by little boys. In addition, ten or twelve little girls are introduced for minor parts.

"The Magic Basket," with a cast of twelve. This play teaches good food habits.

One of the best health plays I have seen is "Junior Red Cross to the Rescue." It deals with first aid and home nursing, and was composed by Edward McCormick, a schoolboy in Calgary. I was fortunate enough to see it acted at a Junior Red Cross meeting in the Sacred Heart School, Calgary. With an editor's grasping instinct, I immediately asked for the copy, but found that it had never been written out. The composer had taught it verbally to the juvenile actors and actresses. This introduces the last point, which I want to emphasize particularly: Encourage the children to compose their own health plays. There is much talent in our Canadian children that is not being developed, waiting to be liberated by the teacher of vision.

JEAN E. BROWNE.

Division of Child Hygiene, Vancouver Department of Health

By HATTIE B. INNIS, R.N.,
Nurse in Charge of the Division of Child Hygiene in Vancouver Health Department.

British Columbia has undeveloped resources of riches untold in her forests, mines, rivers, and fruit valleys. Yet her most valuable asset is none of these—but her children.

That Dr. Underhill, the City Medical Health Officer, realizes "the first wealth is health" and that without proper care the most valuable asset may become an expensive liability, is proven by his efforts to promote infant welfare work. The Division of Child Hygiene of the City Health Department, while still in its infancy, has done much towards lowering the infant mortality rate; and, endeavoring to raise the infant standard to 100 per cent., we aim not for the "better baby," but rather the "best baby," and to build up the health of the children in order that the many that escape actual death in infancy will not drag through a sickly childhood and an inefficient maturity.

MOTHERHOOD A PROFESSION

The primary need of an infant is a competent mother. Motherhood is a profession. Every expectant mother should prepare herself to take up her work as seriously as she would if she were choosing a profession and preparing herself to enter a field of public activity.

Our Government can protect the babies by passing and enforcing laws; requiring prompt and accurate registration of births; providing adequate care for mothers-to-be; prohibiting child labor; controlling venereal diseases, and inspecting foods and dairy farms.

Our city can protect the babies by providing supervised playgrounds; keeping the streets clean; inspection of dairies; providing pure water

supply; preventing the spread of infectious diseases; proper disposal of sewage and garbage; maintaining proper inspection of the ventilation and sanitation of homes, especially as regards natural daylight, and establishing child hygiene centres.

Our mothers can help the babies by caring for "her own baby" by learning the proper methods, by obtaining medical advice, and by availing themselves of the aid the Division of Child Hygiene offers through the well baby clinics.

Daily Clinics Held

This phase of the work is under the medical direction of Dr. E. Carder. The clinics are held every day in the week, excepting Sunday and Monday. A doctor is always in attendance, assisted by two trained nurses and a volunteer helper. The doctors generously give their time, one morning a week. Babies are admitted to the clinics only between the hours of 9:30 and 11 a.m.

The purpose of these clinics or child health centres is to "keep well babies well," and to make available to mothers knowledge of the best means to prevent needless sickness among children: (1) by instruction to mothers on care of infant; (2) by supervision of the health of the pre-school age child.

Upon admittance for the first time to the clinic, the parent is interviewed by the nurse in charge, and the baby's history taken and filled in on a record card. The mother is given the baby's weight card and instructed to bring it each time baby attends. Many babies are admitted for weighing and measuring only. Some parents come with sick babies, not realizing the regulations of the clinic. These cases are interviewed by the nurse in charge and referred to their own family physician, except in cases of financial difficulties, when they are treated by the clinic doctor. It is not the policy of the department to give medical treatment to those who are in a position to consult their family physician. The primary object is weighing and measuring, keeping babies up to the standard, helping mothers who really desire advice, and co-operating with the doctors.

Baby Is Examined

A word of praise is always given by the doctor to the mother of a healthy, breast-fed baby. These clinics foster a kindly competition for the "best baby," which is an education in itself.

The sick children are treated at the Vancouver General Hospital Clinic on Saturday morning. Through this work much is done for the pre-school age child. Serious endeavor is made to recognize and have corrected physical defects, such as teeth, tonsils, adenoids, defective eyesight, general nutrition, etc., thereby fitting them for school life. There is a great field here for preventative work, but with our small staff we are unable to cope with it.

The Follow-Up System

A most important and very necessary feature of the work is the following up of the cases into the homes by the visiting nurse, to supervise the carrying out of the instructions given to gain knowledge of the home conditions. Advice and demonstrations are given on breast feeding, artificial feeding, bathing, clothing, diet for the older children, nursery emergencies, general care, etc.

Every effort is made to have "natural-fed" babies. Our advice to mothers is: If you love your baby, nurse it. Why? Because mother's food is the best food for babies; because a breast-fed baby has ten chances to one over the bottle-fed baby of reaching the first year of life. When mothers and the general public realize this, babies will be saved by the hundreds. The anxious nursing mother with a decreasing supply of milk is not altogether to blame for weaning her baby. Artificial foods are advertised as baby's best food; neighbors are very generous with their advice; and the bewildered mother thinks her difficulties are over, and tries artificial foods. We urge upon the mothers to never wean their baby without first consulting their doctor.

The great importance of prompt birth registration is always taught.

Constant war is waged on the abominable "comfort," or "pacifier." Babies that refuse to learn the habit (and there are many) show greater common sense than those who try to teach it.

Milk Tickets Distributed

The advantage of educating the mothers themselves in the preparation of feedings is so obvious, and proven by experience, that no "milk depots" are maintained; but milk tickets are distributed, gratis, where deemed necessary. This work is confined chiefly to clinic babies up to the age of two years, except in cases of "diminished breast-feeding," where the mother is not receiving sufficient nourishment, then she is supplied with a quart of milk a day. The results from these cases have been most gratifying, the mothers often being able to continue nursing for nine months.

You ask, "Are the mothers keen, interested, appreciative?" Indeed they are. They seem to realize that a healthy nation can only come from healthy babies, and that the healthy baby depends largely upon the mother.

Our nurses enter the homes of over twenty different nationalities. Here one is brought face to face with the problem and the privilege of helping to Canadianize these new citizens.

In the past year the need of clothing for babies and children has been very great. To many interested friends and to the Vancouver General Hospital Alumni Association we are most grateful for their assistance.

A practical course in child welfare work is given through this department to the graduate nurse taking the public health nursing course at the

University of British Columbia. Last year fourteen nurses were each given a two-weeks' training, touching on every phase of the work.

Babies Are Adopted

A list of names is kept on record, with full particulars, of babies for adoption and the parties wishing to adopt. As a result, many homes are made happy and many babies are given a fair chance, which, had they been left to grow up without the individual care and natural home surroundings, would have been denied them.

Free literature is available upon request. Every mother should have a copy of Dr. Helen McMurchy's "Canadian Mother's Book."

Last year our department conducted a child welfare exhibit at the Exhibition grounds, which was visited by 20,000 persons. This fact alone proves the public's interest in health education.

What is the ultimate goal of all this work carried on by the city? To save the babies. It may be interesting to know that Vancouver in 1921 showed the lowest infant death rate, according to the population, of any city on the American continent. This, of course, is partly due to the new country, the equable warm climate, and the pure water supply. It is to be hoped that the present low death rate of 45.27 per 1,000 babies will be still further reduced through the efforts of the Division of Child Hygiene, aided by the co-operation of all public service bodies and each individual mother.

"He who has health has hope, and he who has hope has everything."

NEWS ITEMS

The National Conference on Social Work met in Washington from May 16th to May 23rd, with a total registration exceeding 4,300. Canada sent eighty-three delegates. The nurses included in this delegation represented a wide range of interests:

From Hamilton—Miss Edith Insole, Social Service Department of the Hamilton General Hospital.

From Montreal—Miss Davison, Social Service Department of the Montreal General Hospital, and other hospital social workers.

From Toronto—Miss Knisely, Social Service Department of the Toronto General Hospital; Miss Edith Campbell, Superintendent of the Victorian Order of Nurses; Miss E. deV. Clarke, Supervisor of Mental Hygiene Nursing, Department of Public Health; Miss Eunice H. Dyke, Director of Public Health Nursing, Department of Public Health; Miss Green, Superintendent of Protestant Orphans' Home; Miss Moberly, Superintendent of Infants' Home; and Miss Barbara Blackstock, member of the Board of the Infants' Home.

From Ontario—Miss Beryl Knox, Associate Director of the Bureau of Child Hygiene, Provincial Board of Health; Miss Edna Moore, Supervisor of Venereal Disease Nursing, Provincial Board of Health; and Miss Dorothy Farncomb, Mothers' Allowance Commission of Ontario.

The sessions of the conference were held in the morning and the evening, leaving the afternoons free for the annual conferences of kindred associations. The American Association of Hospital Social Workers was one of the most largely attended of these associations. Miss Knisely represents Canada on the Executive, and has plans under consideration for the formation of an Eastern Canada district.

The National Conference on Social Work and the many kindred associations will meet next May or June in Toronto, and it is hoped that members who plan to attend the meeting of the Canadian National Association of Trained Nurses in Ottawa will be able to include this conference en route.

Quebec

Miss V. M. Macdonald has recently been appointed the director of the Child Welfare Organization in Montreal. She is a graduate of the Johns Hopkins Hospital, has held executive positions there and been associated with public health activities in Labrador, New York, Pittsburgh and New Haven. More recently she was assisting the Red Cross in the organizing of Emergency Preparedness all over Canada.

Miss Stevenson, Supervisor of the Centre district, V.O.N., Montreal, has left to assume the position of Field Supervisor in the V.O.N.

Miss Nellie Callard, formerly assistant supervisor of the Child Welfare Department of the New Haven Nursing Association, has come to Montreal as nursing supervisor of the Child Welfare Organization.

Miss Lily Gray, who has been with the V.O.N. in Montreal, has been appointed to a similar position in Renfrew, Ont.

Miss Emma Rocque is now in charge of the Metropolitan Nursing Service (French) in Montreal. She held till recently a similar position in Quebec City.

Ontario

Miss M. E. Wilkinson will succeed Miss Holland as Director of Nursing Service on the staff of the Ontario division of the Red Cross.

The sub-committee of the Public Health Section of the C.N.A.T.N. held a dinner at the Carls Ritz Hotel, Toronto, on the evening of May 30th, 1923.

A very pleasant informal evening was spent. Each nurse was asked to bring a memo to the meeting of something that she found helpful in her industrial work; consequently a wide range of subjects was discussed.

One nurse brought the poster their safety bulletin board displayed when their record of 34 days without a lost time accident was broken by a girl who injured her finger. This was a most amusing cartoon of an apparently loudly wailing maiden who held up a finger wrapped in a gory bandage and stating that the 34 days' record was broken.

Several of the nurses discussed remedies for the treatment of boils and burns. Others brought the forms they used for their record keeping systems, while still another broke into rhyme with gasoline as the subject of her verse.

Copies of a Health Bulletin which one of the industries issues monthly for its employees were brought by another nurse as her contribution and a special diet list, a copy of which she gives employees who report to her suffering from constipation.

A finger protector made of two narrow pieces of tin fastened at right angles to each other, and which is placed over the dressing and then bent down, seemed a most useful device to many of the nurses.

Another nurse told of her success with a certain kind of antiseptic adhesive tape.

At the conclusion of this round table conference, Mrs. Jean Blewett talked to the nurses for a short time, making a plea for ideals and romance in our daily routine which gave a joy and growth to the most ordinary work. The nurses enjoyed this delightful little talk.

The following nurses were present: Miss Scott, General Motors Corps., Oshawa; Miss B. Jones, Empire Cotton Co., Welland; Miss Edith Morrison, Canadian Kodak Co., West Toronto; Miss J. Hyndeman, Gunns Ltd., West Toronto; Mrs. Driver and Miss B. Gibbon, The Harris Abattoir Co., Toronto; Miss M. McKeown, Dominion Express Co., Toronto; Miss Cooper, The Massey Harris Co., Toronto; Miss Anderson, Toronto Carpet Co., Toronto; Miss Bates, The Bell Telephone Co., Toronto; Miss Beatty, Canadian General Electric Co., Toronto; Miss Campbell, Wm. Davies Co. Ltd., Toronto; Miss Tennant, formerly of the Wm. Davies Co., Toronto; Miss M. MacKay, Hydro Electric Power Commission of Ontario, Toronto.

The Officers elected for the year are: Miss Edith Morrison, Chairman; Miss B. Gibbons, Secretary-Treasurer; Miss M. McKeown, Press Representative.

Manitoba

Miss I. Jeffares has received an appointment with the B. C. Red Cross Society as travelling instructor. Our best wishes for continued success go with Miss Jeffares in her new field.

Miss K. Dempsey, Miss M. Litton, Miss E. M. Everson, and Miss M. R. Gant, the four nurses of the Provincial Public Health staff who were known as Public Service nurses, have been transferred to the staff of the Red Cross Society at the request of the Department of Provincial Public Health.

The Public Health section of the M.A.G.N. met in April for the appointment of committees and to outline the activities of the section for the coming year.

A standing committee was appointed to carry on the work of the section, with Miss A. E. Wells as convenor.

The section feels that its membership is not, in numbers, what it should be, and discussed ways and means of adding to it. The representative of each Public Health group was asked to act as membership convenor of that group and interest the nurses to become members. Also the secretary of M.A.G.N. will be asked to notify this section of any new members engaged in Public Health nursing.

Miss A. E. Wells was appointed to represent this section on the Programme Committee of M.A.G.N.

A decision to compile, this year, a history of the various branches of Public Health Nursing in Manitoba was reached, after a discussion as to the advisability of doing this work while pioneer nurses in Public Health Nursing are still in the field.

The following were named as historians: Hospital Social Service, Miss Gilroy and Miss Pollexfen; Tuberculosis Nursing and Social Service work other than Hospital Social Service, Miss Champion; School Nursing, Miss E. Parker and Miss F. Robertson; Visiting Nursing, Misses W. Carruthers, Johnson, N. McLeod, and E. Beveridge; Infant Welfare and Pre-natal Nursing, Miss L. Spratt; Industrial Nursing, Miss I. Loyd and Miss Ellerton; Generalized Public Health Nursing, Miss E. Russel.

The need of a reference library for Public Health nurses who are engaged in active public health nursing education was discussed, and it was decided to ask the National Public Health Section to establish a circulating library at the National office of the C.N.A.T.N. Donations have already been promised to such a library if established, which will enable the Manitoba section to enjoy the honor for its origination. In the meantime Public Health nurses have the privilege of using the reference library of the Provincial Board of Health.

ECCE HOMO!

Give us a virile Christ for these rough days!
You painters, sculptors, show the warrior bold;
And you who turn mere words to gleaming gold,
Too long your lips have sounded in the praise
Of patience and humility. Our ways
Have parted from the quietude of old;
We need a man of strength with us to hold
The very breach of Death without amaze.
Did He not scourge from temple courts the thieves?
And make the arch-fiend's self again to fall?
And blast the fig-tree that was only leaves?
And still the raging tumult of the sea?
Did He not bear the greatest pain of all,
Silent, upon a cross on Calvary?

—Rex Bundy in the *Sunday Times*.

Pupil Nurses' Department

Why be a Nurse?

It was still dark. Through force of habit Estelle had just awakened, and some sixth or ——th sense told her that the little alarm clock she could hear ticking faithfully away on the dresser was about to sound the signal that would drag her forth from warmth into chilliness, from the delicious comfort of a relaxed body and mind into the hurry and bustle of another day. Sure enough! The dreaded sound broke forth with such suddenness that, although she had been expecting it, Estelle jumped. For a moment she hated that alarm clock. A mad impulse seized her to send it hurling through the window and listen to the music of its thud on the frozen ground below. But hate, even toward an inanimate object, is an altogether unhealthy state of mind. Besides, Estelle knew the stern necessity of labor, both manual and mental, to keep the wheels of progress in this old universe in even halting motion. So, the impulse rapidly passed, she mentally thanked her little friend on the dresser and arose.

Breakfast—and, what was far more important, roll call—was only a short while away. It was a great offense to be late for roll call, and Estelle had no desire to begin the day in disgrace. So she dressed in a very hurried manner. There was just one act with which she refused to hurry, and without which she could not begin the day with any degree of confidence. She always made it a custom to read at least one chapter from the Book, which was her infallible Guide for all daily conduct, however imporfectly she might succeed in attaining its standard. Then she committed the day, with all it was to hold, into the hands of a wise Father, Whose eyes direct the daily trend of each life entrusted to His care. That done, Estelle raced away to breakfast, and as she crossed the hospital grounds her eyes drank in eagerly the beauty of the dawning day; she breathed deeply the pure, fresh morning air, and was glad that necessity had bade her rise so early.

It was a never-to-be-forgotten day. For one thing, it was Estelle's first day on a new ward, and, no matter how much adaptibility a nurse may possess, first days on a ward are bound to be unsatisfactory. Then it was bath morning; and Estelle did not like bath morning, because she found it so difficult to do her share of the morning's work well in the allotted length of time. There was a constant temptation in the hospital, she had discovered, to neglect the thoroughness—which alone can give real satisfaction to the worker in any walk of life—just because hands and time were lacking to do everything well. Would she fall prey to it some day, she wondered?

In the third place, as Estelle soon found, there were five major operations booked for that morning. One of the victims of the surgeon's knife arrived at the last moment, and was prepared for the operating-room in the admitting-room and sent to the ward apparently ready for the fray. She was just a young girl, and the ward nurses, noting that and her apparent preparedness, omitted to ask her if she carried about in her buccal cavity any teeth with which Nature had not provided her. Horrible dictum! The operating-room cart came, and away she sped! Further details would be superfluous; but since that day the nurses in question, including Estelle, never fail to ask every infant the true state of its organs of mastication ere they place it upon the fateful cart.

This was just one of the many incidents which occurred during the day to make Estelle especially weary and discouraged as she went off duty at—not 7, but 8:30 that night. At the moment there seemed to her just one bright spot in all the hours that had passed. She thought happily of a very sick little woman on the ward for whom she had found time, in the whirl of the day, to do a special little act of service. Just as she was leaving, the woman had grasped her hand and told her again how much that trifling bit of kindness had meant to her. The appreciation which she showed seemed to Estelle the silver lining which lurks somewhere behind every cloud.

Nine o'clock found Estelle already in bed, mentally reviewing the events of the day. She had made no mistakes, she thought wearily, and yet—she had done her best. She had tried, with the help of the One Who walked beside her, to live up to the standard of the Book. And then, as the drowsiness of approaching sleep crept upon her, a strange peace crept also into her heart, for a still small Voice whispered, "Inasmuch as ye have done it unto one of the least of these, My little ones, ye have done it unto Me." Then Estelle understood wherein lay the real satisfaction and happiness of the life which she had undertaken.

FLORENCE H. WALKER,
Hamilton General Hospital.

There are big tasks lying before women — tasks that call for such wisdom as we get by combined study; tasks that need the altruism we get in working together; tasks that need the energy we get from combination of effort. We want homes where the big things are made big and the little things unimportant. We want communities that are extensions of the home, where we shall be friends, we people of all races and creeds. We must have the vision to stand together nation-wide.

ALICE AMES WINTER.

Private Duty Nursing Department

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Blood Transfusion

By Robert M. James, M.B., Toronto.

(By request.)

That the giving of the blood of one living animal to another might be of therapeutic value is no new idea, but occurred to the Ancients; theoretical references to its feasibility and possible value occur in the literature of as long as three centuries ago. Long before this time blood had been administered, by mouth, in the form of a specially prepared draught. The circulation of the blood was discovered by Harvey and published in the form of a treatise in 1628. Following upon this, many experiments were carried out upon animals when various substances, including blood, were given intravenously. The first human being was transfused in France in 1667, the blood of a lamb being used. No ill effects seem to have followed this transfusion. After this much experimentation upon animals was carried out, and human beings were transfused with sheep's blood. Due to the ill effects sometimes produced, and for sentimental reasons, the operation fell into disrepute and in France was forbidden by law.

In the early part of the 19th century interest in the subject was again revived, and a considerable number of patients were transfused with animal and some with human blood, with, for the most part, dire results. The great mechanical obstacle to success was coagulation of the blood, and in the latter half of the 19th century defibrinated blood was used. Less than half of the patients transfused seem to have been benefitted, and the many deaths that occurred were ascribed to the entry

of air into the circulation. After 1875 transfusion again fell into disrepute, due to the increasing number of fatalities and to the increasing use of normal saline intravenously, which was mechanically so much simpler.

The use of ordinary syringes and vessels was hampered by coagulation. In 1907 Crile, following upon the work of several others, perfected the most satisfactory method of direct artery to vein transfusion by the use of a silver cannula. In 1901 the presence of agglutinins and isoagglutinins in the blood was discovered, and in 1907 Jansky succeeded in classifying human bloods into four groups. Jansky's work was confirmed by Moss in 1910. In 1914 sodium citrate was first used as an anticoagulant, and the first transfusion of citrated blood was performed in Buenos Ayres on November 14th, 1914, only a few days after the outbreak of the Great War. During the first two years of the war little, if any, use of transfusion was made. In 1916 the direct method was tried, but was found to be too difficult. Following upon this, the late Dr. Bruce Robertson, of Toronto, using the syringe-cannula method, probably did more than any other British surgeon to bring transfusion into general use in our army. The citrate method was introduced and came into more general use, due to its greater simplicity.

During the Great War blood transfusion first came into its own, and was responsible for the saving of countless lives. Its use as a therapeutic agent in civil life, although still not generally enough known, is steadily increasing.

Indications

The indications for blood transfusion are many, but may be divided into four broad groups:

First—An emergency in which it is used to tide a patient over a severe haemorrhage or shock.

Little need be said regarding this group; nothing else is so efficient, and many patients who are only temporarily improved by infusion of a solution of gum acacia or saline would recover were a blood transfusion performed.

Second—As a pre- or post-operative measure in debilitated patients, its use is now well established. It may be used before, during or after operation, depending upon convenience, the wish of the surgeon, and the particular indications. In any operation in which a great loss of blood is likely a transfusion should be prepared for and a donor held in readiness, whether or not an emergency arises.

Third—As a therapeutic measure in the treatment of certain blood diseases.

Outstanding in this group is haemorrhage of the new born, and every nurse should know that bleeding is invariably stopped in these cases by a transfusion and should insist that it be done on the first sign of bleeding. In haemophilia the bleeding is usually arrested by transfusion,

and the patient may be tided over the crisis; it may be necessary to repeat the operation. The tendency to bleed, in these cases, decreases with age. Pernicious anaemia is not cured by transfusion, but the patients are made more comfortable and their lives may be considerably prolonged. Other conditions might be mentioned in this group.

Fourth—To combat certain toxaemias.

The value of transfusion in the treatment of burns and erysipelas has been definitely established in the Hospital for Sick Children, Toronto. It is undoubtedly useful, also, in cases of intestinal obstruction.

Methods

Transfusion by the direct method, i.e., the connecting of an artery of the donor to a vein of the recipient, is now no longer done, because of the technical difficulties of the operation and because it is impossible to know how much blood is being given.

The indirect methods may be divided into the two broad groups, (1) where no anti-coagulant is used, and (2) where coagulation of the blood is prevented by the use of sodium citrate. Where the recipient is suffering from any disease which might be transferred to the donor, e.g., syphilis, or a septicaemia, the citrate method should invariably be used. It is also probably the method of choice for those who have not done a sufficient number of transfusions or enough vein work to be expert in this procedure. Its disadvantage lies in the fact that undoubtedly a greater number of reactions follow citrate transfusion, and that unchanged blood is probably more effective as a therapeutic agent where the blood is being given because of its influence upon the metabolism. Many types of apparatus are in use, depending upon the choice of the operator. Space does not permit a description of these. The writer prefers the transfusion of whole blood in all cases in which the method is not definitely contra-indicated by danger to the donor, or technically impossible because of lack of assistance. Again several methods are in use in all of which the apparatus used is coated with paraffin in order to prevent sticking and to delay coagulation. The simplest method is probably the use of ordinary 20 c.c. Luer syringes, with adaptors to fit special transfusion needles, the so-called Lindeman syringe-cannula method. For those accustomed to vein work and to the handling of syringes the technique is not difficult.

Generally speaking, it should not be necessary to expose the donor's vein by cutting down on it, and in the transfusion of adults it should rarely be necessary to do a venesection on the recipient. To insert even a very large needle into a vein is practically painless if a local anaesthetic is used. It is important to avoid venesection on the donor, because it interferes with the obtaining of future donors. This is especially important in the case of professionals. When patients may require more than one transfusion, or other intravenous medication, it is important not to destroy their veins by cutting down on them.

The amount of blood given at one sitting varies with the indication. As a rule, adults should receive from five to eight hundred cubic centimeters. In infants, one should not exceed fifteen cubic centimeters per pound of body weight.

Choice of a Donor

Any healthy young adult may be used. A blood grouping should always be done, and, where time and facilities permit, it is safer to test the donor's cells against the recipient's serum, and vice versa, for agglutination, as, due to the occurrence of certain so-called minor groups, the grouping is not absolutely safe. Generally speaking, no transfusion should ever be done without either of these tests. There is, even in the case of new-born infants, no constant relation between the group of the child and that of the parent, although it has been shown that the groups do occur according to the Mendelian Law. Where time permits, a negative blood Wasserman should always be obtained on the donor, and only in an emergency should the word of the donor that he or she has or has not had syphilis be accepted. Where a relative or friend cannot be obtained as donor, it is now always possible to find professional donors who are willing to give blood for a monetary consideration.

Re Short Term Extension Course

Ontario

To the Private Duty Nurses, Ontario:

Following up the Private Duty Committee meeting at the recent convention of the G.N.A.O. in Peterboro, we are pleased to state that arrangements have been made with Mr. W. J. Dunlop, Director of University Extension, University of Toronto, to hold a summer course in Toronto from August 13th to August 18th, inclusive.

At the round-table conference many subjects were suggested. The following have been selected: English Literature, 4 hours; Public Speaking, 4 hours; Psychology, 4 hours; Contagious Diseases, 2 hours; Diet and Disease, 2 hours; Emergency Surgery, 1 hour; Influenza, Sleeping Sickness, Pneumonia, 1 hour.

Lectures each morning, from 9 to 12. A clinic has been promised us at the Toronto General Hospital, Toronto Western Hospital, St. Michael's Hospital, and the Hospital for Sick Children; also an invitation to visit the sanitarium at Weston.

The committee feel that such a course as outlined above will be not only interesting and instructive, but prove a source of pleasure. We hope that many nurses will come to Toronto in August, and send in their applications to Mr. W. J. Dunlop, at the university, before August 1st. The fee is only $2.00. There are no examinations and no certificates. Rooms at $4.00 a week in the university residences will be arranged for by Mr. Dunlop if so requested.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Report of the National Conference on Education and Citizenship

To the President and Members of the Canadian Association of Nursing Education:

In presenting a report of the National Conference on Education and Citizenship held at Toronto April 4th to 8th, I do not feel that I could ever hope to adequately convey to the members the mental and moral feast that any visitor or delegate received at these meetings — feast, indeed! for was there not there assembled the very cream of the intellectual world of Canada, Britain and France?

At times we are, through our Canadian and other clubs, fortunate in hearing speakers and authorities on different subjects; but it has never been my good fortune to be privileged to listen to a group of men and women with such ideals and with such hopes for the future of the Dominion and the Empire. All vastly different in their experiences, personality and points of view, and yet one was struck through the whole proceedings by the coincident fact that the outstanding themes running through each address were, first, a deeply religious element; secondly, great stress on the development individually, both of pupil and citizen, of a national and international viewpoint; and, thirdly, in primary educational matters the encouraging and developing individuality of thought, and this by discouraging standardization of methods. It must have been coincidence, for they were all too great and too good to say what they were told, and yet one and all in their own particular way brought out these points. For these very reasons, I feel deeply sorry that all the members could not have been present.

As you probably know, the original conference was held in Winnipeg in 1919, and—largely, I understand, because of the problems resulting from the large foreign immigrant population—it was decided to make a survey of the teaching of English. The Newholt report on "The Teaching of English in England" (1921) was the basis, I think, of much of the work of the executive.

The following were the objects of the conference:

1. To emphasize the necessity of a greater degree of idealism and spirituality in education, since persistence in our present competitive and secular methods must lead to Western civilization eventually destroying itself.

2. To stimulate a Dominion-wide interest in education as a means to life, and not for the purpose of livelihood; to demonstrate the need for a re-statement of values and to seek the removal of the emphasis now placed on the material aspects of life, to the almost complete neglect of the spiritual.

3. To endow the ideas, "education" and "citizenship," with a unity of meaning and purpose for the nation, and to impress in the hearts and minds of the people the ideal of a fullness of life attainable by all.

4. To demonstrate the continuity of the entire educational process through its three great and inseparable agencies—the home, the school, the church—for the development of character as self-expression, of citizenship as national character expression.

5. To discuss proposals for the improvement of education in the Dominion, which could be more readily effected by co-operation among existing agencies and by the active interest and support of public opinion.

6. To pave the way for annual public conferences of a more professional character, at which detailed discussion and enquiry can be entered into on the great educational problems of the day, and on educational development and experiment in other parts of the world.

7. To consider suggestions for the reorganization of the National Council of Education and for its subsequent policy; and it is the Council's belief, in part, that a co-operation among the educative forces of the day —the home, the school, the church, the press, and the stage—in the spirit and with the power of a common ideal, would in one generation change the whole trend and purpose and character of our social life and citizenship.

The plan of the programme was:

(a) Wednesday—A statement on present-day world conditions, and an examination of the contention that education, if not a failure, has not been wholly successful.

(b) Thursday—Devoted to humanistic subjects.

(c) Friday—This day was given to subjects allied to development of character.

(d) Saturday—The day provided for a general survey of the proceedings of the conference; the three final addresses indicating the world, not merely as it is, but as it might be.

But so wide a margin for thought in handling the different subjects under discussion was given to the speakers that it was difficult in some cases to mentally pin them down to these headings. There were French sessions on Thursday, morning and afternoon; and, to those who were free to attend them, I believe they were alike inspiring with the English sessions. Wednesday afternoon and evening were given to receiving reports, and to the appointment of committees, etc.

Wednesday evening was the inaugural session, and Mr. Vincent Massey was chairman. The subject for the two speakers was, "An Impression of What Is," which was a survey of present-day conditions and an enquiry into the adequacy of education as an all-important factor in assuring the progress of civilization. The speakers were Dr. Tory, principal of the University of Alberta, and Sir Michael Sadler, vice-chancellor of Leeds University, now of Oxford—both so different in types and mannerisms, and yet with the same ideals of education and citizenship.

Principal Tory asked those who look askance at the "enormous" sums spent by the Government on education just to stop and make the comparison of the truly enormous sums spent by the population on luxuries. If they did this he felt sure they would view the expenditure upon education in a very different light, and with a less questioning attitude. Looking into the past, Dr. Tory sketched the strides made by education, and, although many explained the progress as the result of economic demands, yet it was a much higher ideal that animated the hearts of the pioneers of learning—the ideal of a higher appreciation of citizenship, and a fuller realization of the duty of each to the nation and to the oncoming generations. "If I could not justify the huge expense of education on higher grounds than mere economics," he added, "I would not consider myself fit to stand as head of a great educational institution."

Sir Michael, before commencing, and commenting on Principal Tory's address, said: "Dr. Tory, I wish Matthew Arnold could have heard you; he would have been a good deal encouraged!" He then went on: "The significance of English education is to trace two quite separate threads of social ideal—interwoven for the most part, now separate, now knotted, never cut—and between them making the strength of a fabric." He referred to the four great tracts of modern educational effort in the world—North America as one, Europe a second, Australia, New Zealand and South Africa a third, Japan, China and India a fourth. He thought that more and more as we study these four—so diverse in their origin—some so ancient, some so modern—we had the reassuring conviction that there was a common humanity all over the world, although each required different administration, different treatment of their educational problems, just as they had to offer different gifts and different messages to the different stages of the nations' or races' growth.

"We are," said Sir Michael, "in the midst of a critical phase of one of the most momentous expansions of educational effort in the world's history. Nothing else than that describes the facts."

Sir Michael Sadler put very great emphasis on the debt we owe to other countries for their contribution to educational traditions—an unforgettable obligation to France for the exquisite possession she has in her language and of the artistic power to which all bowed in reference.

The speaker probably more than any other during the conference emphasized internationalism strongly, almost to the point of shock, when

he traced our educational debt to some of the great men of our erstwhile enemy, referring specially to Luther, of whom Knox was a disciple, and of the teachings of Kant.

What Europe is aiming at was, to quote an ancient writer, "securing for all human beings a training in all that is proper to their common humanity."

He referred to the dangers of standardization in limiting development, and rather amusingly referred to standardizing salaries, "for who could refuse the youthful and beautiful instead of the grey-haired and experienced when youth is cheaper?" He also, amid great applause from the teachers present, laid stress on the freedom of action and speech of the faculty of any school. They owed it, however, to the young to be an example of self-restraint, and to their school or university to refrain from partizanship in advocacy.

Thursday morning was given to geography as a study of men and manners, and history as a record of human experience, the exhibition of the work of pupils, methods of teaching, and text-books used in the different countries. Outstanding in these was the New Zealand exhibit, where the Government (and the teachers) so disregard standardization and put so much weight on individual development that a teacher may use any text-book he or she pleases. Standardization is said by Sir Michael Sadler to be a haunting fear in Europe, and not least in Great Britain. It has produced some good results in overcoming the inertia of neglect and bringing the benefits of education to all. It speeds up education just as the railway tracks speed up transportation. But it also has a tendency to check initiative and originality, and it is well worth considering whether greater scope might be given for variety and for that experimentation which is the basis of scientific progress. At present, if a new method is adopted, it must be province-wide. If a new text-book is authorized, everybody must throw away the old one. New Zealand has certainly gone to the other extreme, but evidently with very successful results.

In the afternoon Archbishop Mathieson was in the chair. Rabbi Brickner, of Toronto, spoke on "Literature as the Gateway to Knowledge." In a most scholarly address, Rabbi Brickner said that knowledge had been most erroneously looked upon as mere registering of information upon the brain cells, and added that knowledge was the ability to relate facts of life and to make them function. He stressed the importance of knowing thoroughly more than one language, especially here in Canada where in the homes of the citizens so many different nationalities participated.

The next speaker was Professor Gordon Laing, of McGill University, and he spoke on "Literature and Leisure." In a most witty and humorous vein, he said literature and leisure were ideal in theory, but not practical; and suggested such probabilities as women hurrying over

their purchases or toilet because a Dickens Club was meeting at their home, or men voluntarily giving up the enthusiasm of golf for the annual meeting of the Shakespeare Club. But he later added how much real recreation can be had in a good book, and how very tiring a play or movie may become if not interesting or edifying. He strongly advocated the study of languages as a form of recreation and interest, and somewhat satirized some of the blue stocking educational faddists as being the cause of many criticisms. He referred to one college where the students had as their motto, "Do not let your education interfere with your development." Dr. Laing declared that leisure had, in the main, been capitalized for commercial purposes; and gave warning that the children of to-day were leaving school with but scant knowledge of their own literature, and, therefore, without the love for it which would enable them in after life to enjoy it in their spare hours."

Sir Henry Newholt then spoke on "Literature as a Record of Human Experience."

At the commencement, Sir Henry referred to Germany's moral debt to the world being as great as her financial one; and went on to say that literature was not a pastime, nor mere decoration, though it is an art. It is stored-up experience of life. The practice of looking upon the great writers of the past as dead is a faulty one. No great writer can ever die—his works live on; and literature differs from science, in that it never can be turned into the scales against the peace of the world. He concluded by adding that the cure for the world's ills should be found in literature, which has no frontiers, no jealousies, no hatreds, and no politics.

The evening session of Thursday was presided over by Sir Arthur Currie, principal of McGill University.

The Rev. Eber Crummy was the first speaker, "Biography in Education" being his subject. He referred to our literature being replete with the biographies of men and women who have made their lives glowing examples of living religion, and added that he questioned if any people had placed better equipment for the educationalists in the history of the race than had Canada.

Mr. Crummy was followed by Mons. J. J. Champenois, director in the United States of the National Bureau of French Universities, who spoke on "Literature and International Understanding." One felt almost ashamed, listening to this charming, cultured address in English, almost without accent, and wondered how it was that so many of us are content to express ourselves only in our mother tongue.

A quotation from Carlyle appeared under the lecture-title, "A country which has no national literature, or a literature too insignificant to force its way abroad, must always be to its neighbors, at least in every important spiritual respect, an unknown and unestimated country," and Mr. Champenois pointed out that it was possible to bring about important changes in international understanding through literature. Since the "humanities" form the basis of all education and literature, the under-

standing of the "humanities" of other nations would lead to international agreement. He referred to the press as requiring "immediate and courageous survey," and added that one calculating article in one newspaper might bring about incalculable damage to the peace of the world.

Sir Henry Newholt spoke again on "Literature and the Bible." To quote the Newholt report: The Bible has been described as the "most majestic thing in our literature, and the most spiritually living thing we inherit." "The power of the Bible upon our language, our literature, our national life and thought, has been lost sight of because the possibility has not hitherto been imagined that a liberal education may be, and should be, not only a gift within the reach of every child, but the very gift purposed by the State in undertaking the elementary training of its citizens."

I only wish that time would permit of my giving that in full. Those of you who heard Sir Henry Newholt speak during his visit to Canada can imagine with what eloquence he delivered this lecture. He declared that the Bible was unique not only as literature, but, in the world of men, unique in its historical importance and unique in its effect on the human mind. "It isn't a Book, but a whole Literature."

Friday morning was given to an address by Principal Tory on "Education and Self-Control," and Rev. Trenor Davies on "Education and Fellowship."

Dr. Tory, speaking on "Self-Control," pointed out that better understanding was needed by employer and employee of one another. Material benefit had gone to the extreme in our modern life; and there was a strong tendency to make things too easy for children, thus removing the very things that made for manliness.

The Rev. Trenor Davies urged the development of a religion of service, and quoted William Morris, who once said, "The lack of fellowship is hell," and deplored present-day literature, which deals so much with family separation—father from son and husband from wife. He concluded by stating that Canada had triumphed over racial, religious and geographical differences, and had fashioned a great nation.

In the afternoon Mrs. F. R. McWilliams, president of the Winnipeg Canadian Club, spoke on "Education and Character Development." "At the present time," said Mrs. McWilliams, "character counts more than cleverness, and it is better to have second-class brains than a second-class character." Character she defined as the acquiring of experience.

The next speaker, Mr. S. K. Ratcliffe, lecturer at the London University and editor of the *Manchester Guardian* and the *Socialogical Review*, addressed the audience on "Manners as a Social Language."

Mr. Ratcliffe said he couldn't understand why he, a newspaper man, who were supposed to be void of manners, should have been given this subject. He made some interesting, if amusing, comparisons between the manners of this continent and those prevailing on the other side of the ocean. He attributed the tendency in the newer world to put less

weight on the small things in human behavior to the influence of the pioneer community. The sense of equality, cordiality and frankness was accordingly marked on the North American Continent, and he referred to the type of Englishman who misunderstood this for impertinence. He expressed strong approval of the bellboy at the hotel saying, "Your grip, Mr. Ratcliffe," or "Are you expecting mail, Mr. Ratcliffe?" as compared with the English club porter, who, one being asked for mail, says, "What name, sir?" (The quotation on the programme, "Lack of Manners"—the art of expressing oneself pleasantly under all circumstances—is as great an impediment as a lack of speech. I do not know from what source it comes, but I made a mental note to add it to my ethical lectures under the heading of "Tact," for I thought it was so true.)

Sir Michael Sadler again spoke on "Personality as the Expression of Character"; and he himself was such a wonderful demonstration of the truth of it that again I wished you had all been present.

"Personality," he said, "is made up of countless bequeathments from ancestry, and, intermingled with others, acquired by the individual. The teacher who failed to broaden out with contact was not the right person to instruct the young. Education should be a combination of freedom and discipline."

At 5 o'clock a special convocation of the University of Toronto was held, when the honorary degree of Doctor of Laws was conferred upon Sir Henry Newholt, Sir Michael Sadler, Sir Robert Baden Powell, Professor Hauser, and of Doctor of Science upon Professor Emmanuel de Margerie, of France. The proceedings were impressive and interesting. I have rarely witnessed anything so charming as these men in the red gowns of Toronto University. Sir Henry Newholt looked like something from a stained glass window, with his finely chiselled features and expressive face.

The evening session was given to two addresses by Rev. Canon Cody on the "Intrinsic Value of Personality," and Sir Sadler on "Education and Life." Premier Drury was in the chair.

"Personal force," said Archdeacon Cody, "is the greatest of all influences. Personality is the force and the fragrance of a being." He urged avoiding getting into a groove educationally, and quoted "that the only difference between a groove and a grave is the depth." He also added that the only coin that rings true on the counters of life are what we are and what we can do.

Sir Michael Sadler then spoke in his peculiarly attractive manner. He emphasized that, in spite of criticism, education should be for the masses, and said that Canada could go a long way to furthering this, as the opportunity in a new country is more favorable for securing general education, and added that Canada at heart was more democratic than the older nations. The speaker said that no person should think of education apart from medical and dental care, public libraries, health and beauty of our cities, architecture, town-planning, color, trees, flowers, animals

and birds. He also spoke of the spiritual unity that might be furthered by the Canadian people speaking two languages.

Saturday morning was devoted to business, future policy, and election of officers.

The afternoon was given to a Girl Guides' and Boy Scouts' rally, at which Sir Robert and Lady Baden Powell gave addresses, and to a recital by the Mendelssohn Choir.

The evening and closing session was presided over by Sir Robert Falconer.

Sir Robert Baden Powell spoke on "Principles of Citizenship." He thought that misapprehension of facts and misunderstanding of each other accounted for much of the opposition of class against class. He referred to the "high cost of neglect" as a result of wrong education, and the consequent expenditure for upkeep of prisons, asylums, etc., which should, he thought, be unnecessary if the right system of education were adopted.

Lord Robert Cecil, in a most eloquent way, in his address on "Education and the New Era," said, referring to the honor he felt in being asked to speak at this conference, "It is brought together for a cause as great as any cause among the human aspirations of the world. It is for the consideration and promotion of education." He laid great stress on every effort being put forward to make a new start in international affairs by throwing aside our old pre-suppositions.

Lord Robert told of the manner in which British educational authorities were spreading the knowledge of the aims and ideals of the League of Nations throughout the schools, and, referring to the League of Nations and the condemnation of war as a method of settling international difficulties, said that it is not a revolutionary or novel idea, but merely the development of all that had been best in human thought on these subjects in the centuries that had elapsed during the Christian era. He touched on America's aloofness from the League, and said her place was still open whenever she wished to take it. Meanwhile we had to press on. We could not afford to leave the work to which we had set our hand. It is an educational—a truly educational—cause. It is not only the education of the individual; it is the education of the nations of the world; it is the greatest of all educational causes.

Madam President, in concluding this report, may I say how deeply I regret that in the short time allowed, the impossibility of conveying to the members anything more than the merest fringe of the addresses of these great men assembled to express their views on this great subject, so important to us all, "Education and Citizenship."

To Major Ney, who I understand was responsible for the programme, is due the very greatest appreciation.

Respectfully submitted.

GRACE E. FAIRLEY,
C.A.N.E. Delegate to the Canadian National Conference on Education and Citizenship.

Hospitals and Nurses

PRINCE EDWARD ISLAND

Summerside

The graduation exercises of the 1923 class of the Prince County Hospital were held on May 10th in the Capitol Theatre. H. T. Holmes, president of the board of trustees, acted as chairman, and also presented the diplomas to the nurses, after which Dr. J. G. MacNeill addressed the class. A musical programme, interspersed by readings, under the direction of Professor Kerr, was much enjoyed. The class were entertained with their friends, at the close of the exercises, at the home of Dr. MacNeill.

Misses Lila MacLeod (1922) and Ruby MacLeod (1923) have left for Cory Hill Hospital, Boston, for post-graduate work.

* * * *

QUEBEC

Jeffery Hales' Hospital, Quebec

Miss Etta MacKie, industrial nurse of the Donnacona Paper Co., is absent on leave owing to indifferent health.

Miss Horner has accepted a position with the Roosevelt American Legion Hospital, Battle Creek, Mich.

Miss Binning has been appointed by the Canadian Government as Travelling Conductress in the Women's Department.

Miss Frances Lewis has accepted a position on the staff of the Newark City Hospital, Newark, N. J. Many entertainments were given for Miss Margaret Wilson, who recently resigned from the staff to be married.

Western Hospital, Montreal

Miss B. Birch, R.N., was hostess at a miscellaneous shower at the Western Hospital in honor of Miss Vivienne Robertson (1920), whose marriage takes place shortly.

Miss Edith Ross has accepted a position with the Victorian Order of Nurses, Montreal.

Miss Ruth Leavitt, R.N., is expected home after two years in Florida.

Hopes are expressed that Miss Hilda Cuthbertson, who has had a serious illness, may speedily recover.

Sympathy is extended to Miss Rankin on the death of her mother, and to Mrs. Raymond (Gwen Kennedy, 1910) on the death of her husband, Dr. Raymond, Alexandria, Ont.

Montreal General Hospital

Miss Laura Holland (1913) has been appointed Director of the Welfare Division of the Public Health Department of Toronto by the Board of Control of that city.

Misses Olive Mackay, Louise McLeod, M. Evelyn Eugelke and Nancy Curwell were among the graduates this year from the School for Graduate Nurses, McGill University. Miss Curwell obtained the first prize and first-class honors for highest standing for the year in the Public Health course, and Misses Mackay and McLeod second-class honors in the Administration course.

Miss Margaret Lawrence (1923) is now night supervisor at the Montreal Maternity Hospital, with Miss Kathleen Prince as assistant superintendent, in place of Miss Pauline Carroll (1922), who has accepted a position at the Military Hospital, St. Anne de Bellevue.

Miss Vivian Tremaine is in charge of Red Cross port service at St. John, N. B.

Miss Katherine MacKenzie (1923) is on the staff of the Social Service Department. In this department there are now five graduate nurses, one student nurse, and one social service worker.

Miss Lillian Adair (1919) is engaged in the Dental Clinic of M. G. H., which is one of the largest hospital clinics in America, comprising fifty-two fully equipped chairs. Two dentists are in attendance, one representing the hospital and the other McGill University.

Miss McCarrogher (1923) is now on the staff of S.O.R., Montreal General Hospital.

Miss Lewis M. Brown (1917), Miss Winnifred Scott (1919), Mrs. Eva Bertrand (1920) and Mrs. Gladys Ramsay (1922) are with the V. O. N. in Montreal.

* * * *

ONTARIO

Wellesley Hospital, Toronto

The class of 1923 were entertained by the Alumnae Association at a supper dance on May 23rd, when a delightful time was spent.

Miss Cale (1922) is to be congratulated on obtaining second place at the University of Toronto examinations in the Public Health Department. Miss Cale was only one mark behind the winner of first place.

Toronto General Hospital

The graduating exercises of the 1923 class of the Toronto General Hospital were held in Convocation Hall on May 31st, when eighty-four nurses received diplomas. Mr. C. S. Blackwell acted as chairman, and the address was given by Dr. Pidgeon. Miss Gunn held a reception for the nurses and their friends after the exercises in the grounds of the nurses' residence. The Alumnae Association held a reception and dance in honor of the class on May 25th in the nurses' residence.

Miss Frances Horton (1923) has been appointed assistant head nurse, fifth floor, Private Patients' Pavilion.

Miss Juanita Dunbar (1913) has resigned as head of the housekeeping staff of the main building, and has been appointed night superintendent of the Burnside obstetrical department.

Miss Mabel Knieseley, head worker of the Social Service Department, attended the National Conference of Social Workers held recently in Washington, D. C.

Western Hospital, Toronto

With happy reminiscences and the renewal of former student friendships, the Alumnae of the Toronto Western Hospital celebrated its twenty-fifth anniversary at a reception held in the hospital assembly room on May 25th, 1923. In the receiving line were Miss Jessie Cooper, president, and three past presidents, Mrs. Huston, Mrs. Gilroy and Mrs. MacConnell, the latter the first pupil of the school, who gave a vivid picture of the old days at the meeting. Of the first class of five, three were present. Mrs. York, one of the three and first president of the Alumnae, presided over the gathering in the assembly hall. Flowers were presented to Miss McKee, the present superintendent of the school; Mrs. Shaw (Miss Smedley) and Miss Beatrice Ellis, past superintendents; and to Dr. Stowe Gullen, Mrs. MacConnell, Mrs. York, and Miss Jessie Cooper. Thirteen life memberships were presented by Dr. Stowe Cullen, the first of these to be sent to the mother of Miss Lena Davis, who died in the service of her country. Special mention was made of Miss Drysdale, who won not only the Royal Red Cross, but the French Medaille d'Honneur. The 1923 class were fellow guests with the members of the first class of twenty-five years ago.

St. Joseph's Hospital, London

Twenty-one nurses formed the 1923 class, which held their graduating exercises on April 24th at the Catholic Club Auditorium. Stewart M. Fisher, M.D., presided, and addresses were given by Rt. Rev. Mgr. O'Connor and G. A. Ramsay, M.D. Flowers were presented to the graduates, and an interesting programme was carried out. Dancing followed the formal exercises and closed a delightful function. Miss Essie McPhee was the validictorian of the class and spoke for them. The following nurses formed the class: Misses M. R. Maxwell, G. M. O'Hara, E. S. Truet, M. L. Walsh, M. W. Cuddy, E. MacPhee, H. M. Farrell, E. C. Dalton, K. M. Sullivan, L. A. Rhynd, M. M.

Heringer, M. J. Lawson, C. L. Kuhn, M. J. Lobban, M. Crosbie, E. A. Rafferty, B. G. Stuart, C. A. Gallagher, I. F. Mayers, A. M. Slattery, and B. F. Oakes. The class were the guests of the Alumnae Association the following evening, when a banquet was given. Mrs. Walter Dodd, president, received the guests.

The regular meeting of the Alumnae Association was held in the assembly hall of the hospital, the president, Mrs. Dodd, being in the chair. An interesting address on "The History of Nursing" was given by Dr. W. P. Tew.

Oshawa

Mrs. M. A. Young, R.N. (Oshawa General Hospital, 1918), has accepted the position of night superintendent of Hamilton General Hospital.

Miss Margaret Silling is relieving Miss Jane Cole, R.N., surgical supervisor of the General Hospital, who is taking a course in the New York Post-Graduate Hospital, New York.

Guelph

The 1923 class of St. Joseph's Hospital, consisting of Misses Edna Collins, Adrienne Armstrong, Leola Bedford, Elizabeth Roth, Mary Birns, Abigail McCurdy and Winnifred Goetz, took place on May 23rd. The presentation of pins and diplomas were made by Rev. Father Doyle and Dr. A. McKinnon. In addition, the R.N. certificates, which had been sent to the hospital for the graduates, were presented by the mayor, Mr. Stephens. Miss Edna Collins gave the valedictory, and the musical programme, following the usual custom of St. Joseph's Hospital, was provided by the nurses themselves almost entirely. The nurses were the recipients of beautiful flowers, and a reception, with dancing, took place after the formal exercises.

Brantford

Miss Alberta Bartley has accepted the position of floor supervisor at the Danbury Hospital, Danbury, Conn.

Mrs. Cowie has accepted the position of assistant superintendent at the Brantford General Hospital.

* * * *

MANITOBA

The graduating exercises in connection with the Children's Hospital of Winnipeg were held in the nurses' residence on Wednesday evening, May 16th, 1923. Sir James Aikins, Lieutenant-Governor of the Province, addressed the members of the graduating class. Mrs. J. H. R. Bond, the founder of the hospital and first president of the board, presented the diplomas, and Miss Annie S. Kinder, R.N., superintendent, presented the pins and special prizes. The members of the graduating class each carried an armful of "Premier" roses. A reception and dance followed.

Miss Muriel D. Hughes, R.N., has left on an extended visit to her home in Kent, England.

Miss Dorothy Cuddy, R.N., is holidaying at her home in Vancouver, B. C.

Miss Irene Sharpe, R.N. (W.G.H., class 1916), has accepted a position as operating-room supervisor.

Miss Gertrude L. Spanner, R.N., instructor of nurses, leaves next month on a trip to the Coast.

Miss Bertha B. Bloy, R.N. (class 1921), who has been attending the Public Health course at Toronto University, has successfully passed her examinations, obtaining first-class honors. Miss Bloy leaves shortly to take up work in New York State.

A most successful and enjoyable "Bridge" was given by the students of the school in aid of the Memorial Fund. After expenses were paid, one hundred dollars was sent to the committee.

* * * *

ALBERTA

Miss M. McConaghy has returned to Edmonton from Radway City, where she recently resigned from her mission work on account of ill health.

Miss D. Engelcke resigned recently from the staff of the Provost Municipal Hospital, and is doing private duty in Edmonton.

Miss Olive Ross has been appointed to the nursing staff of the School Board, Edmonton.

Mrs. M. A. Boyce has gone to Radway Centre to work in the mission community.

* * * *

BRITISH COLUMBIA

Vancouver

The Alumnae Association of St. Paul's Hospital held a card party in the nurses' residence, in aid of the Memorial Fund, on June 1st, which realized the goodly sum of $100.00.

Rev. Sisters Mary Alphonsus and Mary Juliana, of the staff of St. Paul's Hospital, left June 3rd for a visit to Montreal, where they meet, in a family reunion, five nuns and a priest of their immediate family.

The graduation exercises of the class of 1923 at the Vancouver General Hospital were held at 8.30 p.m. on June 1st in the King Edward High School, Vancouver. Sixty-eight nurses from the Vancouver General Hospital received diplomas, and also nurses from the affiliated schools of Port Simpson General Hospital, the R. W. Large Memorial Hospital, Bella Bella, the Ladysmith General Hospital, the Nicola Valley General Hospital, and the Grand Forks General Hospital, received diplomas from their respective schools.

A feature of the evening was the entrance march into the auditorium of all members of the Alumnae gathered for their reunion. They marched in uniform, headed by Miss O'Connor, one of the three members of the first class, and followed by some from each succeeding class up to 1923. The president of the board, Mr. R. R. Burns, acted as chairman. Addresses were given by His Worship Mayor Tisdall; R. E. McKechnie, Esq., M.D., Chancellor of the University of B. C., and J. J. Mason, Esq., M.D.C.M. The valedictory was given by Miss M. R. Layton, president of the class. Special prizes were given to Miss M. R. Layton for general proficiency, Misses N. V. Lewthwaite, M. J. Lee, B. M. Harvie, G. Middleton, M. E. Carpenter, and L. A. Stocker. The diplomas were presented by the chairman, and the badges by Miss Kathleen Ellis, director of nurses.

An excellent musical programme was given, and a reception to the class and their friends was held by Miss Ellis after the formal exercises in the auditorium of the university.

The reunion of the Alumnae of the Vancouver General Hospital was held May 30th-June 1st, inclusive. A good attendance of nurses from the classes 1901 to 1922 were present from out of town, and the city members made every effort to be present at all functions.

Miss Mabel Bonter has accepted a position as night superintendent at the Royal Inland Hospital, Kamloops.

Misses Laird and Buchanan have taken positions at St. Luke's Hospital, Powell River, B. C.

Miss Nellie Waddington (Vancouver General Hospital) acted as one of the six ushers at the Florence Nightingale memorial service at Grace Cathedral, San Francisco, on May 13th.

The monthly meeting of the V.G.N.A. was held on Wednesday, June 6th, in the Corner Club, Miss McLellan, president, in the chair. After the minutes of last meeting had been read there was a discussion of the proposition brought in by the executive for raising money for the community work undertaken for the Creche.

The Rev. Mr. Sovereign gave a very interesting talk on "The Menace of the Movies," pointing out that it is through the eye children receive impressions for good or evil, and asking all to work for the use of a higher standard of film, that children may be helped to cultivate beautiful thoughts and high ideals. Substitution, not prohibition, being what was wanted.

The association will not meet again until the first Wednesday in September; but Miss Ewart, who was appointed convenor for the sale of work, hopes that during the holidays the members will not forget that, once September comes, November is not far off, and much work must be accomplished to make the sale a success.

A rummage sale was held on June 16th, under the auspices of the V. G. N. A., at which the sum of $50.00 was realized.

New Westminster

Medals and diplomas were presented to the fifteen members of the graduating class of 1923 of the Royal Columbian Hospital on May 31st in the auditorium of the Duke of Connaught High School. Diplomas and medals were presented by Mrs. Patchell and Mrs. Thomas Gifford to Misses Edith G. Moore, Alice V. Beckley, Willena Kennedy, Irene M. Abrams, Annette L. Buttrum, Helen M. Craig, Vera G. Madill, Lillian E. Bawtinheimer, Kathleen C. Halliday, Gladys Brown, Jean Estabrooks, Margaret Macdonald, Lila M. Switzer, Lorna C. Miller, and Bertha F. Gatenby. The special medal for proficiency, given by the Graduate Nurses' Association, was won by Miss M. Macdonald; Dr. Rothwell's medal for proficiency in surgical nursing was awarded to Miss M. Switzer, while Misses Willena Kennedy and Kathleen Haliday were given special mention. The medal for high marks, given by the Fraser Valley Medical Association, was given to Miss Lillian E. Bawtinheimer. The class presented Miss Kate Scott with a cut-glass rose bowl filled with roses at the reception given afterwards at the home of Dr. Drew. The speakers of the evening were Mayor T. S. Annadale, Miss Helen Randal, R.N., and Dr. George Drew.

Victoria

The graduating exercises of the 1923 class of the Royal Provincial Hospital took place June 1st, at Alexandra Hall, with sixteen graduates. In addition to a delightful programme, addresses were given by Hon. A. M. Manson, Attorney-General, and Hon. Mr. Justice Galliher. The diplomas were presented by Mr. George MacGregor, president of the board, and the badges by Miss Jessie Mackenzie, R.N., director of nursing. The following nurses obtained their diplomas: Misses Kathleen M. Holland, Olive P. Lemarquand, Florence L. Fullerton, Anne M. Wright, Iva E. Graham, Victoria M. Kelly, Laura E. Cummins, Hazel M. Cook, Sue E. Wright, Rose Jones, Nona D. Fernau, Phyllis C. Bellamy, Rosamond N. Munday, and Jessie W. Penzer. Two students obtained diplomas, being affiliated students of the school—Miss Bertha Bayley and Miss Dorothy N. M. Frampton. Miss Mary Mitchell and Miss I. B. Davy completed terms as post-graduate students in maternity nursing. A pleasing announcement was made in a letter read from Mrs. R. S. Day, which stated that it was the wish of the family of the late Mr. R. S. Day that a scholarship of $100.00 shou'd be given to the student possessing the highest degree of general proficiency in both practical and theoretical nursing, and also "those qualities of mind and spirit which should characterize the members of the nursing profession." This was awarded to Miss Florence Fullerton. The prize, a travelling bag, for proficiency in the operating-room, given by the Canadian Hospital Supply Co., was won by Miss Phyllis Bellamy. Miss Helen McQueen, in her second year, was presented with a prize of $25.00 for practical work; and Miss Clothier, in the same year, a similar prize for highest number of credits in her theoretical work. The bursary, given annually by the V.G.N.A. to the nurse in her first year who is most proficient, was presented to Miss E. J. Brethour.

The monthly meeting of the Victoria G.N.A. was held June 4th, when the resignation of Mrs. Chambers, as secretary, was received with regret. A vote of thanks for her services for over four years was given. Miss Gregory-Allen was elected to serve in her place.

The Private Duty Committee held a most delightful social on June 6th at the Balmoral Hotel, where over one hundred were in attendance. Plans for an informal dance, to be held June 29th at the Nurses' Home, were made.

As a precautionary measure against rickets, and to supplement growth, cod liver oil may advisedly be made a part of the regular diet of all bottle-fed infants and growing children, as well as many nursing mothers, during late winter and the dark, foggy spring months. This medicine, however, only supplements the vitamins which you should continue to buy from the milk vendor and green grocer.—J. G. Drummond.

BIRTHS

Armstrong—On June 12th, 1923, at the Private Pavilion, Toronto General Hospital, to Dr. and Mrs. A. G. Armstrong (Adeline Knox, T.G.H., 1920), a daughter.

Bell—At the Vancouver General Hospital, Vancouver, B. C., on May 4th, 1923, to Mr. and Mrs. Oliver Hamilton Bell (Alberta Winnifred Steacy, V. G. H., 1920), a son.

Best—In Winnipeg, May 30th, 1923, to Dr. and Mrs. Harold Best (Florence Pickles, Toronto General Hospital, 1920), a son.

Brown—At 1 Vernon Road, Chester, England, on April 29th, 1923, to Flight-Lieut. and Mrs. L. L. Brown (Doris Moore, Winnipeg General Hospital, 1917), a daughter.

Drynan—At the McKellar Hospital, Fort William, Ont., on March 6th, 1923, to Mr. and Mrs. J. J. Drynan (Nursing Sister Hannah Marston), a son, John James.

Gillespie—Recently, at the Montreal Maternity Hospital, to Mr. and Mrs. D. Gillespie (M. Backstead, Western Hospital, Montreal, 1921), a daughter.

McIntosh—At the Bute Street Hospital, Vancouver, B. C., on June 3rd, 1923, to Mr. and Mrs. W. G. McIntosh (Margaret Rose, Vancouver General Hospital), a son.

McIntyre—In Toronto, Ont., May 21st, 1923, to Dr. and Mrs. George McIntyre (Gwen Wallace, Toronto General Hospital, 1919), a son.

McMillan—On April 27th, 1923, to Mr. and Mrs. Thos. McMillan (Florence Mark, Regina General Hospital, 1916), of Holstein, Ont., a son.

Milne—On April 7th, 1923, at Salmon Arm, B. C., to Capt. and Mrs. J. E. Milne (Elsie C. Ward, R.N., Regina General Hospital, 1916), a son.

Reid—to Mr. and Mrs. Reid (Martha Brandon, Toronto General Hospital, 1913), a daughter.

Tye—In Collingwood, Ont., to Mr. and Mrs. R. H. Tye (Rose MacNiven, Toronto General Hospital, 1918), on May 24th, 1923, a daughter.

MARRIAGES

Allan-Smith—On June 9th, 1923, at Westmount, P.Q., Kathleen Symmers Smith (Montreal General Hospital) to Alexander Oswald Allan. They will reside in Montreal.

Barwick-Winnal—On March 14th, 1923, at St. James the Apostle Church, by the Rev. Canon Shatford, Kathleen Stella Winnall (Western Hospital, Montreal, 1922) to Angus C. Barwick, Maplewood Avenue, Montreal.

Chalk-Mount—On March 13th, 1923, at St. Barnabas' Church, St. Lamberts, by Rev. H. A. Naylor, Ethel Elizabeth Mount (Western Hospital, Montreal, class 1918) to John Bright Chalk, of Montreal. Mr. and Mrs. Chalk will reside in Boston.

Collins-Johnston—At Toronto, Ont., May 28th, 1923, Helen Johnston (Wellesley Hospital, Toronto, 1922) to Frank Collins, Toronto.

Teakle-Wilson—At Knox Church, Ottawa, Ont., May 28th, 1923, Margaret Rankin Wilson (Jeffery Hales' Hospital, Quebec, 1919) to Mr. Lenox St. John Teakle, of Quebec. Mr. and Mrs. Teakle will reside in Quebec City.

Hart-Crichton—At St. Andrew's Church, Toronto, June 2nd, 1923, Kate Crichton (Toronto General Hospital, 1914) to Dr. Hart, of Toronto.

MacDonald-Davis—At Tilsonburg, Ont., April 26th, 1923, Miriam Davis (Wellesley Hospital, Toronto, 1919) to Leonard MacDonald, Toronto.

McCord-McCurrah—In Toronto, May 30th, 1923, Marion McCurrah (Toronto General Hospital, 1920) to Mr. Norman McCord, of Toronto.

Osbourne-Bellman—At Bowmanville, Ont., April 9th, 1923, Greeta Bellman (Wellesley Hospital, Toronto, 1921) to Russell Osbourne, Newcastle, Ont.

Roberts-Stewart—At Kingston, Ont., Florrie Stewart (Wellesley Hospital, Toronto, 1919) to Fred. Roberts, Toronto, Ont.

Stackhouse-Joice—At Grafton, Ont., Nursing Sister Mabel M. Joice (Toronto Western Hospital, 1914) to Dr. W. R. Stackhouse, of Blythe, Ont. Dr. and Mrs. Stackhouse will reside in Ridgeway, Ont.

Young-Rolland—At Melville Presbyterian Church, Westmount, P.Q., June 6th, 1923, Ethel Beatrice Rolland (Montreal General Hospital) to Morley A. R. Young, M.D., of Edmonton, Alberta. They will reside in Edmonton.

DEATHS

Johnstone—At Fort William, Ont., June 4th, 1923, Isabel Johnstone (McKellar Hospital, Fort William, Ont.). Miss Johnstone was appointed superintendent of McKellar Hospital in April, 1913. Her death followed a long illness, and an operation in June, 1922; and the extent of the loss to the community may be estimated somewhat by the various memorials suggested, including a tablet and the furnishing of a ward in the hospital by her devoted pupils.

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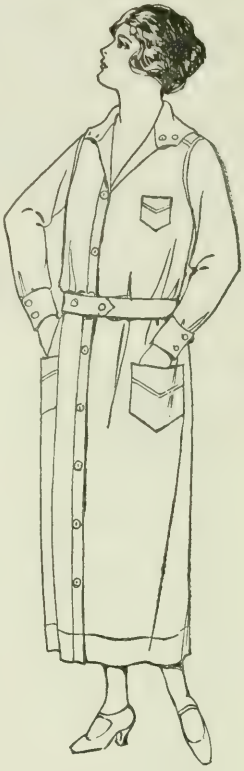

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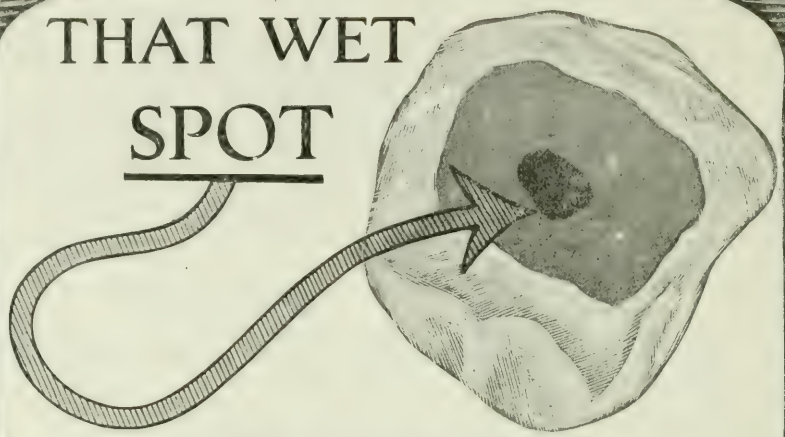

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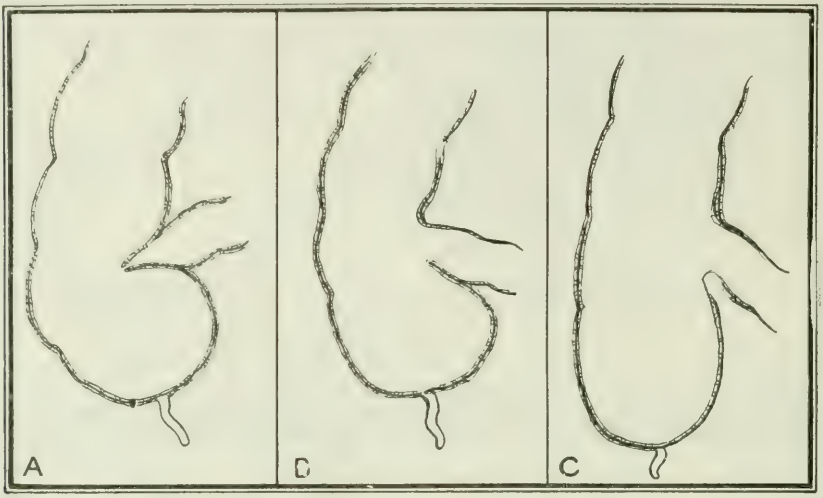

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CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Editorial

Nursing Educations

In looking over the various announcements of university courses, one cannot help but be struck with the apparent lack of interest in the special training of those intending to take up the executive or teaching departments of our training schools.

Comparing those universities giving courses in public health nursing with the one where the institutional nurse can get special training, one feels, as Miss Russell, of the University of Toronto, does, when she laments this lack in Ontario, as shown in the report printed in this issue. Unfortunately Ontario is not the only province lacking this, for McGill, in Quebec, is alone in providing for them. It may not be wise to urge that each university provide such a course, but what we all must see is that universities only provide courses in any subject when the demand is

made, and no one apparently sees the need in Canada sufficiently to urge that hospitals insist that some such special post-graduate training be taken by those engaged by them on their staff to supervise and teach the pupil nurse.

Public health nurses would not take these courses as generally as they do were not such special preparation demanded by the organizations employing them.

Is not the training school where each pupil receives her basic education in nursing sufficiently important to demand special certificates from those engaged in the administrative and instructive field? Ask those giving these courses in public health in the universities what they think of the crying need for special training. Organizations like the Canadian Red Cross and the V.O.N. give scholarships for the preparation of nurses to enter the fields financed by these organizations, but where shall we find the money to help the nurse in the same way to get her post-graduate education for the hospital field?

As every nurse has to enter the training school of the general hospitals of our country in order to graduate, it would appear that we, the nurses, are more interested in this lack than anyone else. Scholarships might well be provided by the associations, and very probably would be if we were assured that the hospitals would demand this qualification. This is the stumbling block, and this is where our unremitting efforts must be made. The public, that powerful lever, must be roused to see where anything else is an injustice to their daughters who enter hospital training schools. We cannot leave this with a careless feeling that, while it is sad, still it is not our business—for it is. We are the ones interested —first, that the community be provided with competently trained women; that, in order to get such, competence pre-supposes a trained teacher and supervisor; and secondly, as citizens and tax-payers, we must protest against schools insufficiently equipped and staffed, whether the common schools of our country or the secondary schools, giving technical education, as the normal schools for the teacher or the training schools for the nurse.

* * * *

Delegates from the C.N.A.T.N. Attended the Annual Meeting of the National Council of Women of Canada

The Executive Committee appointed the following six members as representatives of the C.N.A.T.N. at the annual meeting of the National Council of Women of Canada: Misses Graham and Read, councillors for Nova Scotia; Miss Hubley, president, Graduate Nurses' Association of Nova Scotia; Miss Crosby, secretary, Graduate Nurses' Association of Nova Scotia; Miss McKenzie, representative, Public Health Section, Nova Scotia; and Mrs. Barnsfather, representative, Private Duty Section, Nova Scotia.

Representatives to the Canadian Council of Child Welfare

At the last meeting of the Executive Committee the president, the chairman of the Public Health Section, C.N.A.T.N., and the convener of the Manitoba Public Health Committee were appointed to represent the C.N.A.T.N. at the annual conference of the Canadian Council of Child Welfare which is to be held in Winnipeg, Man., in September.

The suggestion from the Executive Committee that Junior Red Cross work be given a place on the programme at this conference has been accepted by the Programme Committee, C.C.C.W.

The World's Pulse

By Elizabeth Robinson Scovil

Near Death

May 7th was the eighth anniversary of the torpedoing of the Lusitania. Lady Rhonda, who was one of the passengers, in speaking of her experience, says: "I doubt whether any of the people in the water were acutely frightened or in unbearable agony of mind. When death is as close as he was then, the sharp agony of fear is not there; the thing is too overwhelming and stunning for that. One had the sense of something taking care of one. I don't mean in the sense of protecting me from death; rather of death itself being a benignant power."

A Long Flight

The United States has been crossed in the air without a stop. Two men, in a Fokker monoplane, flew from the aerodrome on Long Island to San Diego, California, 2,650 miles, in 26 hours 49 minutes. They passed over the Rocky Mountains at a point 11,000 feet high.

Curing Colds

The experts of the American Army Chemical Warfare Service have been conducting experiments at the great Government poison gas factory near Baltimore. They assert that epidemics of influenza and colds can be checked almost instantly by introducing a weak concentration of chlorine gas into a room occupied by persons exposed to infection.

A Cure for Insomnia

M. Coue, in a little book called "My Method," recommends that persons who find difficulty in going to sleep should settle themselves comfortably in bed and say, "I am going to sleep, I am going to sleep," in a quiet, even voice, until the desired result is obtained. The monotonous repetition of almost any short sentence will have the same effect.

A Description of Christ

The oldest description of our Lord's appearance has just been discovered in an old Italian text in the Vatican Library. It is a police report under Pro-Consul Publius Lentulus, who, it is stated, was the predecessor of Pontius Pilate. The description of Jesus Christ is as follows: "He has long, fair hair, falling in curls on the shoulder; they are parted in the middle. Christ wears the double-pointed beard, which is fairer than the hair. His eyes are light blue and wear a kind expression, but at times they flash under the stress of temper. He is of normal build and stands erect. The voice is soft. He was never seen to laugh, but people often saw him cry. His hands are very well kept. He is called Jesus, Son of Mary. His friends call him the Son of God."

Helping Prisoners

An experiment is being tried in Maidstone jail, in England, in the instruction of prisoners, so they may be better able to obtain employment when they are released. Classes are held in French, shorthand and book-keeping, engineering, and Spanish. The attendance is voluntary.

Saving Work in the Home

A way of preparing silver has been discovered which keeps it from tarnishing for two years. A new white metal, an alloy, has been found which resists both tarnish and corrosion, and takes a deep and brilliant lustre when polished. It is stated that it can be produced at a very reasonable cost, has good casting qualities, and is both malleable and ductile. It may have important uses in engineering as well as in the household.

The Royal Wedding Cake

The wedding cake of the Duke of York and the Lady Elizabeth Angela Marguerite Bowes-Lyons was nine feet in height and weighed eight hundred pounds. It looked like a Chinese pagoda, of delicate, almost fairy-like structure, ornamented with the finest sugar lacework. One panel contained seven charms—a ring, a thimble, a button, a threepenny piece, a horseshoe, a donkey and a goose—all made of eighteen karat gold. When the bride tried to cut the cake she found it too difficult, and the Duke of Connaught came to her assistance. When the slice had been removed, it was cut in small pieces and handed to the guests.

Wedding Music Broadcast

Thousands of people who could not get near Westminster Abbey had a little of the wedding ceremony brought to their homes when the choir of Westminster Abbey, by special permission of the Dean, broadcast the anthem, "Beloved, Let Us Love One Another." It was heard in the cities and villages within 200 miles of London.

Genius begins great works; labor alone finishes them.—Joubert.

News from the Medical World

By Elizabeth Robinson Scovil

The Antidote to Insulin

An overdose of insulin given to rabbits was found to produce an effect similar to an overdose of strychnine, causing violent convulsions. Experiments on rabbits showed that these serious symptoms may be immediately remedied by the injection of glucose, and, in fact, permanently removed. Orange-juice is an antidote to less serious effects.

Results of Insulin

The most striking results have been seen in children and young adults, while all diabetic patients were benefited by the treatment. If a sufficient dose is given, the urine becomes sugar free the second or third day. The patient is conscious of increasing strength before the end of the first week. Appetite improves, hunger disappears, thirst is lessened; edema is gone in about ten days, and the weight increases.

Hospitals for the Slightly Ill

Hospitals are being established in Germany for those who are not seriously ill, and are proving very popular. They are much less expensive than general hospitals.

Cheese as to Food

The American Food Journal has an interesting article on the value of cheese in the diet. Cheese is rich in fat, and the fat soluble A, the growth vitamin, is retained in it. It is also rich in calcium and phosphorus. Lime is especially needful in the diet, because grains and the meat products are deficient in it; cheese helps to supply it. So far from being indigestible, cheese, eaten with other foods, has a marked influence in increasing their digestibility. It is especially valuable for growing children, who should have about an ounce a day.

Public Health Nursing

A course in public health nursing will be established at Dalhousie University, Halifax, in co-operation with the Provincial Department of Health, the Nova Scotia Red Cross, the Victorian Order of Nurses, and the Massachusetts-Halifax Health Commission. Dalhousie has under construction a new health centre.

Medical Advice as to Wireless

Ships of every nationality on the sea can obtain medical advice, on request, from two great hospitals in Stockholm. The Swedish Government proposes to broadcast medical advice in Swedish, English, German, and French.

Instruction in the Use of Insulin

About 260 Ontario physicians have applied for admission to the insulin clinics in the Toronto General Hospital. They will be given, in groups of twenty, two days of observation and instruction. These local practitioners will be able to administer insulin outside the hospital.

Abolition of Cocaine

It is proposed that international action shall be taken to end the manufacture of cocaine in Germany and Switzerland and the cultivation of the cocoa plant in Peru, Java, and Bolivia. Leading dental surgeons state that procain is an effective substitute in dentistry. A new synthetic substitute, called butyn, has been widely tested, with good results. All methods of control have failed everywhere. As long as the drug is manufactured, it will be misused.

Magnesium Sulphate as a Sedative

Two Pennsylvania physicians have published their experience with sulphate of magnesia as a sedative. Pure, recrystallized magnesium sulphate, with its water of crystallization, was made into a 50 per cent. solution with distilled water, and sterilized. Two cc. of the solution was injected subcutaneously and intramuscularly more than a thousand times. No local pain or sloughing followed when proper aseptic technic was used. In 82.7 per cent. of the cases the sedative action was prompt, the patient becoming quiet after fifteen to thirty minutes, and sleeping from five to seven hours. In a few instances the patient was quieted, but did not sleep. The effect persisted from five to seven hours. It is quite harmless in the sedative dose, and can be given liberally if necessary. It was found an excellent substitute for morphine and hyoscine in many cases.

Canned Foods

The Lancet says that the risks from eating canned foods are not great, and can be guarded against easily. Compared with fresh foods, the canned foods are undoubtedly safer, and the prejudice against them is not justified. This method of preservation is of great value to the community.

Antiscorbutic Vitamines

It has been found by experiments on guineapigs that only fresh vegetables prevent scurvy. Drying seems to destroy a good effect entirely, and every attempt to preserve the necessary vitamine failed.

Ingrowing Toe Nail

An operation for ingrowing toe nail, performed solely on the soft parts, has been successful in seventy-five cases, as there has been no recurrence. It is a flap operation, which is painless, and the patients do not suffer afterwards.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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The Report of a Three Years' Experiment*

Mr. President, Ladies and Gentlemen:

The task that I have before me now should be a very interesting one, and I hope I can make it of interest to you. It is the summing up of a three years' experiment with a piece of work quite new in the annals of our universities. This department for the preparation of a special group of health teachers, called public health nurses, is so new that its position here is not understood, certainly not clearly defined; in fact, so new that few people know that it is here, and fewer understand why it should be.

There are two ways in which we could approach this question. One would be to consider its immediate and superficial aspects—to point out that our civilized communities are now requiring that health teaching should be provided, that a group called public health nurses must be prepared for this work, that much of the lecture and laboratory work that they require for this special course is already established in certain older departments of the university, and that it follows clearly that the

*The report read by Miss Russell, Director of the Department of Public Health Nursing of the University of Toronto, at the graduation exercises held in Convocation Hall on May 14th, 1923.

logical and economical procedure has been to establish this training course here. So far so good. A second way to consider this question would be to go deeper—to look for fundamental principles governing the university policy, and find the relation of this training to that policy, if, perchance, such relationship exist. It is to the latter aspect of the question that we want to give a brief attention.

We have already emphasized the newness of this department, and more important still is an understanding of the essentially new features of the occupation for which these students are being prepared. That seems to be the central point from which all further consideration must radiate. Only some understanding of the nature of a certain piece of work and its relative value to society can guide us in any plans for the special education of the worker. But is it possible that we should yet understand or appreciate the future place that this public health work must take? I think not. Here I would quote a text from the writings of one of the most brilliant of recent English sociologists. This is the text: "For the understanding of the great transition going on around us, the very elements of thought do not at present exist."† Can it be that such a change is passing over the face of society; that our sense of values is altering so, that we have not even the elements of thought ready to cogitate upon our future development as a society? If there be any degree of truth in that statement, is it any wonder that we have not the language in which to present you our dimly comprehended vision of the development of this one specific bit of educational activity; for its whole raison dêtre rests upon some understanding of this sense of new values in life.

If we feel keenly this ever-present change in society, our approach to anything new in our educational institutions must begin with the desire to understand the change sufficiently to serve it well. We cannot refuse to admit development in the scope of the university's work. But neither, on the other hand, can we be swayed by every passing demand for extension. Between these two extremes we must keep an open mind for patient research into all these demands.

And what is this special demand that we are considering? We have said that a new group of workers is needed for the community, and that some preparation must be given them. But why this new group? That is a point at which general understanding is sadly lacking. We live in an age of so many wonders that we fail to grasp the import of all that has been happening. Very few people clearly understand that the scientific research of the last seventy years has released a flood of knowledge about disease and health, and that if such knowledge could be applied a great change would come over the life of the animal called Man. So far there is no real appreciation of this knowledge. The students that we are training under the name of public health nurses are to form one of the groups working in this new field of preventive medicine, their

†Benjamin Kidd: The Science of Power.

special function being the application of this new knowledge. The only preparation given them hitherto has been the training in the care of the sick given in a hospital, and from all sides the cry has gone up that that has taught them nothing of the science of health, and yet they are supposedly occupied with the teaching of health. Then, who must provide this additional training? For various reasons, it has been decided in the English-speaking countries that the universities will do so. Thus in England, the United States, and Canada, some attempts are being made.

Now can we narrow down our consideration to our own university and to what has been attempted here? Three years ago, in May, 1920, our Senate approved the plan to establish a new and independent department in which a one-year course for public health nurses should be given, a course which should be to some extent of the nature of post-graduate work, as the students entering must already have attained graduate standing in their own professional schools, namely, the hospital training schools for nurses. The president of the university asked me to come and conduct this experiment. Fortunately, there were no Articles of Faith to be signed; what I should have replied to certain questions as to my expectations from this work, I do not know. All that we knew was that the experiment must be made, and so we undertook it. Now we want to give you some account of the three years, and see if we are yet ready to draw any conclusions. First, we would say that, from the standpoint of the university, the important thing is not that this experiment has been a success, or that it has been a failure; the important thing is that it has been tried. If we have been mistaken at any point, we shall find that out; but that is a negligible thing compared with the sin of inaction.

We have said that we would try to find the fundamental principles underlying all our university work in order to note how far the work of this department was related to those. But now, I am going to retreat. As a substitute or a direct attack upon the subject, we would present the aims or guiding principles of the work of our own department, and leave it to those of you who care to do so to see how they fit into your estimate of the general scheme.

What are the aims of this department; what is it that we are trying to accomplish? We can state these aims very briefly: The first is to increase the spiritual calibre of each group of students, so that the woman who leaves the department is something more than the woman who entered. I presume that you will understand my use of the word spiritual. Secondly, we would teach the theory and practice of public health nursing.

You will note that the production of a better public health nurse, in the sense of a better informed technician, is not our first aim. That is important enough, but alone might not justify this as a university department. After listening to that statement, you could accuse me of playing

with words. I grant the truth of that; but, in spite of the limitations of language, let us seek to clear our thoughts. Why is it that we say that the test by which we succeed or fail is that point of whether or not we enlarge the vision of our students, that vision which we call mental, intellectual, or spiritual, according to our habit of speech? It is because the graduates of this department are going out to take an active and influential place in the life of the community. Just what that work of theirs will develop into is part of that unsolved riddle of the future change in society of which we have already spoken. But it is quite clear that these graduates are to be given an unique opportunity to teach, their pupils being both children and adults. In the capacity of teacher, they are to touch many other lives in a most intimate way, and in many cases when their pupils are in a most abnormally impressionable condition. The potential influence of such a group should make us pause and think. Lewisohn has summed up the whole purpose of university work in the brilliantly vivid picture of American colleges that he presents to his recent autobiography, and that purpose is well expressed when he says that it must give the student "a new criterion of truth." That phrase contains all we mean when we seek to stir the narrow understanding to think more clearly and, with a broader horizon, to attain standards and judgments that are both broad and wise. Until they have that broader criterion of truth, it would indeed be well to prevent any man or woman from attempting to teach—be the subject-matter health or arithmetic.

Thinking of the public health nurse with this work in front of her, is it, or is it not, illogical that her training should be carried on in an atmosphere that admittedly has as its primary aims the shaping of a finer type of man and woman, and the releasing of new truth?

So much for general principles evolved during the three years.

Now we would turn to a consideration of the detail of the department's activities during these three experimental years. Here we must guard against stressing superficial matters; the number of our graduates and the variety of their occupations are after all only indications and not necessarily the true measure of success. However, these are points of very practical interest. In the classes of the three years, one hundred and thirty-nine full-time students have been enrolled; and the graduates, including to-day's group, now number one hundred and thirty-five. We can tell you something of the occupations of the graduates of the first two years, ninety-one in all.

A number are employed in several different towns on the staff of the Victorian Order of Nurses, which is the one national nursing organization in Canada. Their purpose is to provide instructive visiting nursing service for the homes of our people. To serve *effectively* on such a staff, the nurse should be a carefully trained teacher. In no place is there more opportunity for the use of special ability and special qualifications.

A much larger number of the graduates are serving on the staffs of certain Government departments, namely, municipal and provincial Departments of Health, or serving under Departments of Education as school nurses.

Finally, an appreciable minority are scattered over an interesting variety of work—industrial nursing, Red Cross outpost work in the North and West country, hospital social service, etc., etc. Such groups represent the vanguard in public health nursing, and must open up fields of work which may be entered later by the State departments. A few more remain to be accounted for, and these are the inevitable casualties pertaining to any group of women students—the ones who are married. I hope you will agree with me in deciding that their usefulness is not lost to the world. We would particularly draw your attention to the part these graduates have from the outset been called upon to play in the work of our whole country. They are now at work in five of the provinces, namely, British Columbia, Alberta, Ontario, New Brunswick, and Nova Scotia. As some of to-day's graduates go to Manitoba and Prince Edward Island, seven provinces will be entered immediately. These facts indicate the demand that there is for nurses with this special training, and also that the other provinces are looking to Toronto for considerable help in these pioneering days. Although we are glad to say that a very large majority of our graduates are at work in Ontario, there is also a measure of satisfaction in the realization that we have already contributed in a small way to seven provinces.

A great number of our students have been enabled to take this course through the provision of scholarships. A number of these have been given each year by the Red Cross Society, and are further evidence of the generosity and wisdom with which that society planned for the beginnings of this work: first they made provision for the department itself, and then assured us of a good class of students. Also, the various nurses' organizations have come forward most unselfishly with the offer of scholarships in order that this new department might have full classes, and the best people have opportunity to get the special training. Altogether this has played a large part in bringing us the very fine groups of students that we have had. But here I would pause for a word of warning. Nurses are needed for public health work, but they are also just as greatly needed for the work of hospitals and private nursing. With the very rapid growth of hospitals, a small army of nurses is needed to staff these, and a highly trained personnel for teaching and administration therein, as they partake of the nature of professional schools. As yet we have made no provision in Ontario for the special training of that group. For nurses, the only post-graduate training available is for public health work; and so, inevitably, the particularly brilliant young graduate who attains scholarship rank is drafted off immediately into public health nursing. With an occasional exception, that is the situation in Toronto schools where scholarships are available.

I wonder how long it will take those interested in hospital and training school work to awaken to this situation and insist upon sharing honors with the public health field?

At the beginning of our second year a new factor entered into our work and increased the demand for this university course. Our one National Visiting Nursing Association, the Victorian Order of Nurses, decided to discontinue the training centres which they had been conducting, and to look to these university departments to supply the Order with the specially trained personnel needed for its staff. Scholarships were offered, and such hearty co-operation was given the university that the whole matter of special training for the public health nurse received most timely encouragement and support. If the five Canadian universities now carrying on these courses are to keep the Victorian Order supplied with a sufficient number of nurses for the whole Dominion, and also fill the other demands from Government departments, we shall certainly need to enroll very large classes. Up to the present, Toronto has enrolled and graduated about one-half of the total number who have received this special training in Canada.

In surveying this department's work during the three years, we have many acknowledgments to make. First and foremost, we acknowledge with sincerest appreciation the assistance given by the Ontario Red Cross Society. They have made it possible for the university to do this piece of work, and the nurses of the province will always be deeply indebted to them. But their help has not stopped there, for within the department we have received a sympathetic interest from many members of their staff, an interest which has again and again proved of very practical value. Our warmest thanks are theirs. We hope that a very close co-operation may be continued, and that each department may serve the other in the future.

There are certain other factors that have contributed very largely toward any measure of success that has been ours. Chief among these has been the loyal co-operation of the students enrolled. I have had something to do with a good many groups of students in various settings, but never have I seen this loyalty and co-operation equalled. If all the other students of the university are as keen to extract the last drop of opportunity out of a year's work, there must be a wonderful atmosphere about these halls. It surely cannot be possible to deny opportunity to those who want it so much.

Again we wish to acknowledge with sincerest gratitude the help given us by the many health and social organizations of the city. It is essential that our students should have practice work in this training, and, to procure that for these large classes, we have made a very heavy demand. Can you grasp the measure of that demand when we tell you that very nearly one hundred busy workers in this city have individually contributed toward the practical work of one or more of our students?

These are pioneers in social and public health work who are vitally interested in seeing the professional training for these groups develop along lines that are educationally sound. And what shall we say to Miss Cowan, who, as Supervisor of Practical Work, has been co-ordinating the services of these voluntary assistants, nearly one hundred in number? When we consider her efforts in that light, perhaps you will understand something of the work she has been creating. Miss Cowan's contribution to the new department has been made very quietly, but with a sympathy and wisdom that will make her work of permanent value.

In our work we have received much help from several of the older university departments. Probably it is with the Department of Preventive Medicine that our present course is most closely allied, and it is a very great pleasure to acknowledge the sympathy and help received from Professor FitzGerald and the other members of his staff. It would be difficult indeed to overestimate the value of that assistance, and only those who have worked with that department can appreciate how thoroughly whole-hearted they are in their co-operation.

For the three years of our short life we have worked under one serious handicap, and that is the lack of a department home, with the result that our small staff has had to squander much time and much energy in order to carry on the intensive work that we feel must be done with a group taking such a short course. But every cloud has its silver lining, and because of our homelessness we have been able to enjoy the hospitality of the Department of Social Service. We are most grateful to Professor Dale and to his staff for the generous share that we have had in the use of the lecture rooms and library of their building. As long as it is necessary, we are content to continue under the present handicap; but it is most advisable that the handicap be recognized. Only thus shall any effort be made to remove it.

What can we say, after all, about the past and the future of the department? In three years a foundation has been laid—only that, and we cannot tell what the superstructure will be, nor would we wish to be too arbitrary about that. We cannot say just how this work of the public health nurse will develop, and the nature of her work will, of course, control the plans for her training. Again we would say, in the words of our text, "For the understanding of the great transitions going on around us, the very elements of thought do not at present exist." But that text suggests advance, not retreat; and should we not give very serious consideration to the possible developments of this one-year course? We would leave those thoughts with you. There is no time to develop them further here. There is only one practical suggestion that we would add. Some one of our professors made a plea recently for a leisured class in society—and how heartily we second that plea, and urge that we may be assured of a sufficiently leisured staff within the university to really accomplish its work. With a minimum of time and attention,

a superficially successful piece of work may be done, but not the work that we have been describing.

And in closing I have only to say farewell to the two graduating classes. To the students of the Social Service Department I want to offer congratulations and every good wish for the future. I know you have had a valuable year, and that you will appreciate it more and more as time goes on.

To our students I offer heartiest congratulations. Did you feel that the burden was laid upon you of finishing the three years with a particularly fine record? If so, you have succeeded. I feel like quoting to you a remark of Barrie's, from his famous address made last year at St. Andrew's. Speaking to those students, he said: "Doubtless the Almighty could have provided us with better fun than hard work, but I don't know what it is." If that be true, you and I have provided each other with much amusement during the past year. But it is true, and you can look forward happily to the work awaiting you. I am sorry indeed to see you go. We know that the field you are entering is still a disorganized one, and easy adjustments cannot be made at once for all. I fear that the square peg and the round hole must sometimes be brought together; but I think it will also be apparent to you that this is merely a temporary phase, and we trust that you will enjoy meeting it and making the necessary adjustments. If you will, you may have a share in shaping the future developments of your profession in this country.

You have my sincerest wishes for much happiness in your future work, wherever that may be.

The Trained Nurse In Industry

By Muriel MacKay,
Ontario Hydro-Electric Commission.

Read at the Annual Meeting of the Graduate Nurses' Association of Ontario, April, 1923.

The trained nurse's name on the payroll of an industry does not nowadays require the explanation that it did a few years ago.

Our first definite record of an industrial nurse is that of one employed by the Benefit Association of the John Wanamaker Store, New York, about twenty-five years ago. This nurse was employed, by the employees themselves, to see that their association funds were fairly disbursed. It was thought that the nurse's training in sickness would enable her to do this work.

This nurse—who, by the way, was a Canadian—found that, as her work assumed some routine, it consisted chiefly in rendering first aid, in seeing that the sick and injured had prompt and suitable medical and nursing care, in follow-up work in the homes to see that doctors' orders were carried out, and that employees did not return to work while in a condition to be a menace to themselves or their fellow-workers, and, finally, that financial and family cares did not retard recovery.

The work of the present-day industrial nurse is practically that of this pioneer, with the accompanying developments that any agency shows, which fills a real need. That the trained nurse in industry is of real economic value has been demonstrated by the fact that, during the period of industrial depression (from which we have not completely emerged), the services of the nurse have been retained in many cases, and this at a time when many industrial welfare schemes were eliminated as non-producers.

Industrial nursing was mainly concerned in the early days with nursing care rendered in accident cases; and this has been the means of greatly reducing cases of infection in industrial accidents, as an injury that received prompt and skilled first aid rarely develops an infection.

The importance of this work can be appreciated when we realize that a large percentage of the compensations paid in Ontario have been due to infection of injuries, rather than the injury itself. A plant that provides a trained nurse to give first aid, and which encourages its employees to report all injuries, however seemingly trivial, will go a long way in reducing cases of infection. As we said before, anything which fills a real need is bound to develop; so with the work of the industrial nurse. From carefully kept records, it has been found that sickness is an even greater factor in causing lost time (with a consequent loss in production) than accidents have been. For one day lost time due to accident, statistics show that there are four and three-quarter days' lost time due to illness. Employers are learning to appreciate the significance of these records, and realize that the industrial nurse is one of the agents who can help cut down the loss caused by preventable illness. It is through this recognition that the industrial nurse has been given the opportunity to develop her work in the plant, until now it includes many duties beside the original one of rendering first aid.

In order that the opportunities for development which her work presents may not be lost through her ignorance to perceive them, it is necessary that, in addition to being a graduate nurse, she must have also some public health training, for all sorts of conditions are referred to her in the plant, both by the employer and employee. She should be familiar with the general principles of sanitation, ventilation, lighting, etc., in order that she may intelligently assist in plant inspection, and that she may know that suitable precautions are taken to protect the health of workers engaged in dangerous trades or operations. She will naturally

take an interest in the toilet provisions, in the drinking-water facilities, and in the lunch- and cloak-room accommodation; and also in the safety devices and guards on machinery. In her first aid room, the nurse has unlimited opportunities for teaching health promotion; but to do this wisely she must know her plant thoroughly, in order that she may have a correct picture of the work and surroundings of the worker.

But not only is it necessary for the industrial nurse to have a definite knowledge of the worker at his work; she must, to do a constructive piece of work, know the home surroundings. Her home visits, by the way, are not paid to detect malingering, but with the object of being of assistance to the absent employee. If she can render him a service which enables him to return earlier to his work, both he and the management profit; but the nurse should never be asked to act in the capacity of a detective; let such an idea be created in the minds of the workers, and her opportunity for real service is greatly limited.

The industrial nurse will have a full knowledge of outside agencies, which will enable her to co-operate with hospitals, visiting nurses, dispensaries, social workers, etc., to the advantage of those she works with. The applications to the nurse for advice, once she has gained the friendship and confidence of the workers, seems limitless. On going over a day's record, it would seem that she has attempted to rival Solomon if she has advised on all the various matters she has had referred to her.

In some industries the nurse is in charge of the cafeteria—in others she may do the employing of female labor; but in the average-sized plant it is usually the custom for the nurse to spend her time in rendering first aid and visiting sick absentees, and the performance of the many additional small duties which develop in the work of the interested, intelligent nurse.

The work of the industrial nurse is not standardized; each position makes its own demands; but the fundamental necessary training is the same for any industry. It is then the duty of the nurse to develop her work.

The success of the trained nurse in industry depends partly on training, largely on personality. In addition, she must have a well-developed spirit of co-operation. She must not be too hasty in her efforts to change conditions she may not approve of, nor in attempting to do too big a piece of work. Her employer will appreciate her efforts to study the situation in order that she may render the finest type of service; and, as she shows good judgment and resourcefulness, opportunities will quickly be given her to be of growing usefulness in the plant.

The records kept by the nurse in an industry are, as a rule, of a simple but accurate type. These records are of value, not only to the nurse herself, but to her employers. They show, first, that the nurse, in rendering first aid, has not attempted to usurp the place of a physician or surgeon, the subsequent care given sick or injured being done only under

the advice of either the plant doctor or the employee's family physician. These records assist in pointing out plant hazards or faulty conditions which may be a menace to the workers, and, finally, they show the employer results for the money he has invested in the nursing service.

In conclusion, let me sum up some of the opportunities of the trained nurse in industry, as given by Miss Wright in her book on "Industrial Nursing":

1. In promoting pleasant industrial relations.

2. In reducing the result of accidents, by first aid and subsequent care under direction of the surgeon.

3. In shortening illness, by co-operation with the physician.

4. In searching out the causes of illness and, through co-operation with the management in the plant and outside agencies in the community, assisting in their removal.

5. Through her knowledge of the facilities of the plant and the processes carried on, she can assist in the rehabilitating of sick and injured employees by using her influence to have them put at work suitable to their disability.

The smaller companies have not, as a general rule, felt the necessity of appointing a nurse, due primarily to not realizing the situation, and also due to a mistaken idea that the costs of such an innovation are prohibitive, and that it is rather the action of a philanthropist than of a business man.

This little paper has attempted to show that not only in the development of pleasant industrial relations (which in the rush of modern times is apt to be lost), but also from a commercial standpoint in reducing time lost from accident and sickness, the nurse is of considerable benefit to industry.

For the nurse herself there is a very great pleasure in this work, for, if she has the broad vision, opportunities are presented to carry on a very generalized public health campaign, as she is in daily contact, through her plant and home connections, with pre-natal, infant welfare, tuberculosis cases, etc., together with a large share of social work. She has, perhaps, more often the happiness of carrying a case to completion than if her field of activities were greater, for, if she has developed not only her own spirit of co-operation, but that of the entire plant, she may in her little world reap results that are sometimes denied the worker in a larger field.

Question not, but live and labor till your goal be won—
Helping every feeble neighbor, seeking help from none.
Life is mostly froth and bubble, two things stand like stone:
Kindness in another's trouble, courage in your own.

Who? What? Where? When? Why? How?

By Robert E. Wodehouse, M.D., D.P.H.,
Secretary Canadian Tuberculosis Association.

It is my intention to try and make this article you have been good enough to consent to publish follow the six questions outlined by Bruce Millar in the March, 1923, issue of *Michigan Public Health*.

Who?

Who should be interested in tuberculosis in Canada? Certainly all humane-thinking people desiring the alleviation of suffering and the lessening in number of premature deaths. Those interested in economics will seek to reduce any financial loss which is controllable. The loss from this form of preventable illness responds to every effort by curtailment which can be established and measured. Finally, those who have had this disease, have it now in active clinical form, or who may be unfortunate enough to develop active clinical tuberculosis, are certainly more than interested in measures proposed to reduce the incidence of prevalence of tuberculosis. There are very few people who, in their sober, serious moments, would not fall into one at least of the above three groups. Nurses, whether occupied entirely in public health work or otherwise, are concerned whole-heartedly in all three.

What?

What is the state of affairs in Canada to-day? In the year 1921 we had in the nine provinces 7,694 deaths from tuberculosis. The total deaths from cancer for the same area and time differed by two. Our tuberculosis death rate was 87 per 100,000 people. The first six months of 1922 gave evidence of a further slight decrease. The bulletins of the Canadian Tuberculosis Association give these figures in more detail. We have in 1923 in Canada 4,103 sanitarium beds for the treatment of tuberculosis, and 10 per cent. of the general hospital beds receiving provincial government grants in Alberta, British Columbia, Manitoba, Ontario and Saskatchewan are available for the tuberculous. There are 4.6 sanitarium beds for every 10,000 people. Last year provincial governments made grants for upkeep of tuberculosis patients, occupying 3,359 beds, for a total of 721,235 hospital days, amounting to $1,011.079.23. Twenty-five Canadian sanitaria reported, for 1922, a total of 1,016,774 hospital days' treatment in 3,456 beds. The average per caput per diem cost reported was $3,009. We have at the present moment, thanks to the generous financial assistance of the Canadian Red Cross Society, three surveys of children of pre-school and school age going on in South Vancouver, B. C., Dundas and West Flamboro in Ontario, and Victoriaville, P. Q. The Ontario Division of the Canadian Red Cross gave an additional cash grant of $2,500.00 to the Ontario survey. There are 48 chest clinics reported to us for 1922, outside of the institutions for the

treatment of this disease. The Ontario Red Cross has set aside, at the request of the Canadian Tuberculosis Association, $2,500.00 to assist in paying the expenses for municipalities having public health nurses, of expert chest diagnosticians from the different sanatoria medical staffs visiting their chest clinics. The above is only a partial statement of Canada's present status in so far as the cause of the tuberculous is concerned and does not mention the splendid effort for ex-service men being made by the Department of Soldiers' Civil Re-Establishment and by the Tuberculous Veterans' Association.

Where?

Where is our present most pressing need? It is that we are not getting a sufficient number of the tuberculous diagnosed and under treatment sufficiently early in the clinical progress of the disease. All sanatoria state that cases coming from areas outside the influence of efficiently manned and conducted chest diagnostic clinics are still applying for admission in the advanced state of the disease. Efficient clinics have changed this state of affairs in their area of influence by, first, stimulating the local medical profession to take a keener interest in diagnosing chest conditions, reporting their tuberculous findings, and persuading their patients to accept treatment at once; second, follow-up nurses have interested the other members of the home in offering themselves for examination to make sure they have no symptoms; and, third, the successful clinic soon is known to all, is favored by all, and, although people go to their own physician for examination and treatment, the knowledge of the importance of seeking medical guidance early may be considered as one of the community influences of the diagnostic clinic.

When?

When may we hope to actually reduce tuberculosis to the same place of impotence that typhoid fever occupies in well-organized communities? At the time people present themselves in sufficient numbers for early examination, accept treatment immediately they are diagnosed, and the public health authorities receive immediate notification so that public health nurses may institute better conditions in the home and get all contacts under efficient supervision. There must be included a pasteurized milk supply from tested, tuberculosis-free cattle. There must be provision for care of children intimately exposed to infection from adult cases. There must be facilities provided to assist arrested or cured cases to be able to take on the physical strain of wage-earners gradually and without deprivation of physical needs for their families and themselves.

Why?

If this is not provided, his anxiety to be self-supporting—in fact, his dire economic need—forces the case, favorably progressing to cure, to overstrain his vitality by working too soon and at too great a physical cost, which results in relapse. All the costly successful work of prolonged

treatment has become, for the most part, wasted. The patient is more apt to be permanently unfit, and may, after prolonged, costly care, eventually succumb. The "Song of the Shirt" has aptly said, "You wouldn't take a blind man half way across the street and then leave him at the mercy of the traffic!" Neither is it safe nor kind to send the tuberculous away for treatment and then leave them to the mercy of unsuitable employment."

We must study the predisposing conditions, both social and physical, which must be altered to decrease the incidence of tuberculosis. We must keep the sanitarium beds we have provided, at great cost, full to capacity, endeavoring to salvage all the human unfortunates we can. This means we must get more early cases to accept treatment, as three institutions in Canada have written to us that they each had over 40 beds vacant (pavilion beds suitable for ambulant cases). There is no shortage of cases of this type; at least 15,000 to 20,000 in Canada are urgently in need of such treatment. We must become more interested ourselves and interest others more. Read Dr. Livingston Trudeau's "Autobiography." Visit sanatoria every opportunity you have. You will find their beds occupied by most charming characters. The experience will mellow your heart. You will not be infected with the disease, but will be imbued with an intense desire to do more to stem the progress of this insidious disease. You will be more keenly interested in these thousands of sufferers, who cheerfully carry on. Someone called the late Phil LeNoir's New Mexico home a God-forsaken country. He was there for the help it gave his tuberculosis. His verse replies:

Wall, I smiled, while he was talkin', sort o' tolerant and kind;
Told him how he was mistaken; that instid he'd shorely find
We was far from God-forsaken in the land o' healin' peace,
Thet to me He seemed much nearer than He used to seem
back East.

Management of Cafeteria for Employees as part of Welfare Work of a Trained Nurse

By Margaret F. McKeown,
Dominion Express Company

Prior to the installation of our employees' cafeteria, the number of employees reporting indigestion, headaches, and other analogous temporary indispositions, was such as to warrant a nurse making special inquiry as to the cause—whether due to improper diet, irregular food, insufficient rest, or the various other reasons which nurses understand as being contributory causes. Our company has a splendid general office building, and previously had a luncheon-room, where employees could

obtain tea, coffee or milk to supplement the luncheons they brought with them from home, or the box luncheons they purchased from the supply companies making a specialty of office box luncheons.

After considerable investigation I became convinced that the most important measure was to provide, if possible, a proper, regular diet at a moderate cost. Our officials gave me their utmost co-operation, and welcomed my offer to take charge of an employees' cafeteria as part of the welfare work.

The Dominion Express Employees' Cafeteria
Head Office, Toronto, Canada

A modern cafeteria system was therefore installed two years ago, giving to the employees lunch at the cost of the food, its preparation, and service involved. No charge is included in the cost for rent of space, light, heat, nor interest on the capital expenditure, but the charge includes the renewal of equipment.

During the two years of operation, I have taken a great deal of pleasure in observing the improvement in the health of the employees generally. The cafeteria has been of great benefit to all employees, more particularly to those not living at home. A full-course meal is provided, or a lighter luncheon for those who so desire. Our officials have expressed to me their gratification at the decrease in the number of absentees due to temporary illnesses, and in the increased efficiency, which they ascribe to a very appreciable degree to our work in the cafeteria,

and they express the opinion that the company has been well repaid for its initial capital expenditure.

In connection with the cafeteria there was established an employees' recreation, lounge, or rest room. After luncheon the employees do not remain in the cafeteria, but retire to the recreation room, where they may spend the balance of their luncheon hour in reading, games, or chatting together, thus giving them the needed relaxation before resuming their work for the afternoon, and tending to make it possible to get the best results from the service of pure food in the cafeteria. It also makes it possible to accommodate a very much larger number in the cafeteria, as no person would be there more than thirty minutes, and, by arranging different luncheon hours—that is, relays of ten or fifteen minutes—all congestion is avoided.

I have found the management of the cafeteria congenial, and consider it well worth while to have employees' cafeteria management included as part of the curriculum in the course of an industrial nurse. My duties consist of deciding the menu, ordering the necessary food supplies, engaging help, supervision thereof, whether in the preparation of the food, the serving of it, or in keeping the kitchen premises and utensils in a sanitary condition. I check and approve for payment the accounts for all supplies received, and assist in accounting for the daily receipts; but I am relieved from the detail of keeping the accounts of revenue and expenditure, and of preparing monthly statements. This phase of my work occupies approximately two hours daily.

The following sample menu would possibly prove interesting:

Thursday, June 14th, 1923

SPECIAL CLUB LUNCHEON, 35 CENTS

Soup
Meat
Potatoes
One other Vegetable in Season
Dessert
Bread and Butter
Tea Coffee Milk

A LA CARTE

Cream of Tomato Soup, 6c
Spring Lamb with Mint Sauce and Potatoes, 16c
Green Peas, 6c
Fruit Salad, 6c
Pie a la Mode, 10c
Pie (several varieties), 6c
Rice Pudding, 6c
Rolls or Bread and Butter, 5c
Milk (half-pint bottle), 5c
Tea or Coffee, 4c

As I said above, during the two years the cafeteria has been functioning I have never regretted having undertaken the management of this work as part of the regular welfare programme, and I believe that it offers the industrial nurse many opportunities for getting into closer personal touch with the employees.

Preventive Dentistry Methods Employed in Halifax Pre-School Age Dental Clinic

By Arrabella C. M. Mackenzie,
D.D.S., D.D.C., L.D.S.,
Paedodontist, Massachusetts-Halifax Health Commission,
Halifax, N. S.

The pre-school age dental clinic of the Massachusetts-Halifax Health Commission was opened in February, 1921, and operates three half-days per week.

The intention of this department is to encourage and practise preventive dentistry, i.e., instruction in proper tooth diet and mouth hygiene. To make this instruction effective for the present, much reparative dentistry must be done in remedying existing defects. When we have had a generation who have been reared on proper tooth diet, beginning with the pre-natal period, we may then have attained our objective. In the two and one-half years of its existence, the pre-school age dental clinic of the Massachusetts-Halifax Health Commission has justified its existence by producing perfect mouths in children brought under this tuition. Furthermore, the school dentists of Halifax have already voluntarily made special report to the school authorities of the notable changes observed by them in children entering school during last session who have had from one year to eighteen months in the pre-school age dental clinics.

There are three distinct di' 'ons in the work of these clinics.

1. That which deals with the expectant mother.

The expectant mothers are taught proper tooth nourishment, that the deciduous teeth are fully formed in the baby's jaw at birth, and as to whether these are properly enamelled or not depends upon the mother's diet and general health. She is instructed what foods contain enamel-building constituents—such as milk, whole wheat, fresh fruit, and leafy vegetables. This tuition is carried into the homes by the public health nurses and visiting housekeepers, and emphasized by the physicians in the special pre-natal clinics.

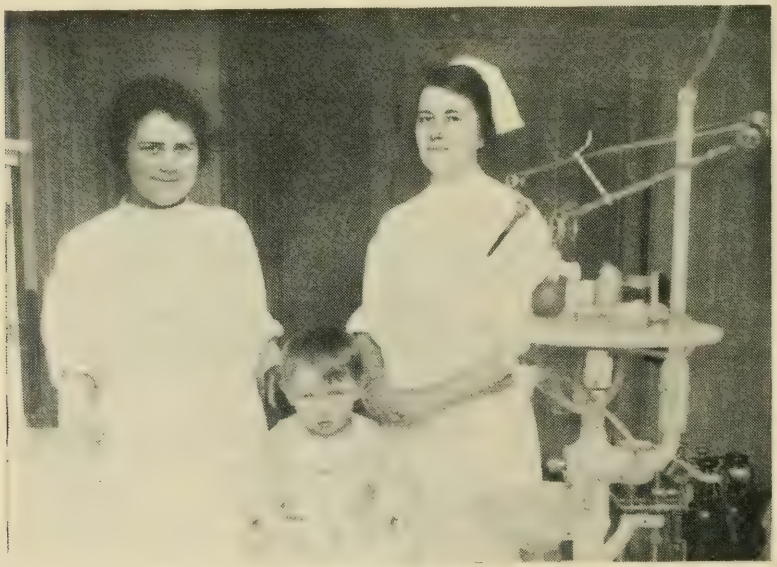
2. The infant after the first tooth appears.

The baby is brought to this clinic every three months after the first tooth appears, or, if detention be unduly delayed, when the mother receives further instruction in oral prophylaxis and diet as directly applied to the child. The child's teeth are inspected and cleaned.

The nurses, in their subsequent teaching in the homes, constantly impress upon the mothers that unless the child is given proper food—during the first year mother's milk, then good whole milk, and, as soon as possible, fruit, leafy vegetables, oatmeal porridge, and whole wheat bread—they will not have strong, well-enamelled teeth.

3. Repair work.

Much reparative dentistry is done in this clinic upon children under six years of age who have been improperly nourished and whose mouths have been neglected. All abscessed, deciduous teeth are extracted, under nitrous oxide gas and oxygen when advisable; all cavities of any size in deciduous teeth are filled with copper cement; all small cavities, and teeth with defective enamel, are smoothed off with a piece of fine stone, and silver nitrate precipitated into the exposed dentine, which prevents further decay. All extraction cases are visited, that same afternoon and the following morning, by the nurse to insure against continuous bleeding or infection.

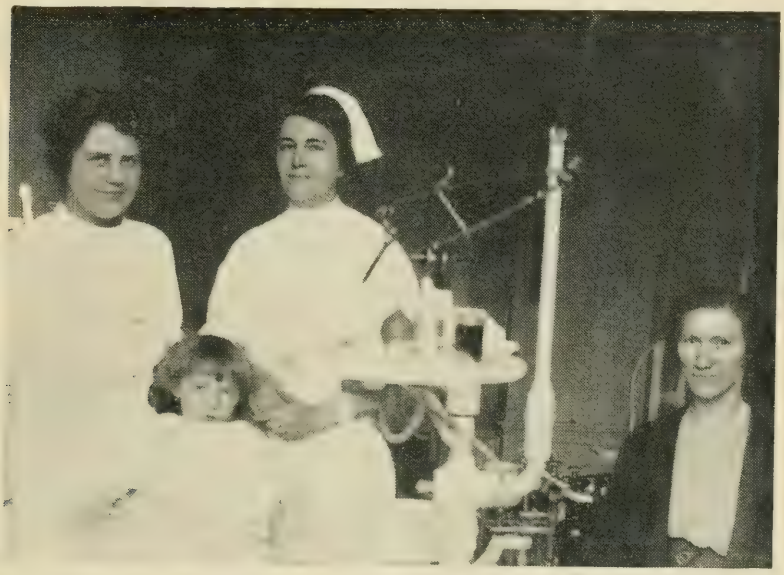


This child has been under the supervision of the Pre-School Age Clinic for two and a-half years, being registered when less than six months of age. She has a perfect set of teeth.

Over four hundred babies and young children attend the clinic at present. Below is a total of the clinic work done in 1922:

Visits, 761; fillings, 547; extractions, 904; silver nitrate precipitation, 3,138; prophylaxis, 660.

In addition to instruction given in the clinic during 1922, three thousand seven hundred and ninety-four (3,794) instructional visits were made to the homes of these patients by public health nurses and visiting housekeepers (nutrition specialists). In these home visits the clinic



One of the many pre-school age children regularly attending the Dental Clinic; the mother, as usual, being present to receive instruction as well as the child.

teaching was repeated, and efforts were made to hold families to practical appreciation of the lessons impressed at the clinic.

After one generation following this instruction, dentists must seek a livelihood in some other field than reparative dentistry.

Note:—Dr. Arrabelle C. M. Mackenzie, who contributes the article in *The Canadian Nurse* on "Preventive Dentistry," was the first woman to graduate from Dalhousie Dental School, and the first woman to take a course in prophylactice and preventive dentistry at the Forsyth Institute in Boston.

It will be of further interest to readers of *The Canadian Nurse* to know that Dr. Mackenzie organized the first pre-school age dental clinic in Canada, and, had it not been for delay in arrival of equipment, would have organized the first pre-school age dental clinic in the world. The equipment, however, was all ordered before any other similar clinic was organized.

Dr. Mackenzie was given the title of Paedodontist in connection with her clinic services, and in this respect is the first dentist—so far as we are aware—in Canada who is specializing as a paedodontist.

NEWS ITEMS

Quebec

Convocation at McGill took place May 29th. Miss Helen Reid and Miss Philips, of the Red Cross, entertained in honor of the 1922-23 class of the School for Graduate Nurses. They themselves gave a delightful farewell tea, at the Windsor, the Saturday previous to convocation.

Miss E. B. Seaman (Teachers' College, 1920-21), formerly assistant superintendent of the Bridgeport, Conn., Visiting Nurse Association, is now assistant to Miss Moag, of the Victorian Order of Nurses, Montreal.

Miss Isabel McMann has come recently to Montreal from Yarmouth, Nova Scotia, to take charge of the Social Service Department of the Western Hospital, Montreal.

Miss Annie Curwell, a graduate of the public health course, School for Graduate Nurses, McGill University, who held the Mildred Forbes scholarship 1922-23, has accepted the position of supervisor of the Central District of the Victorian Order of Nurses, Montreal.

A large delegation from Quebec attended the meetings of the Canadian Association of Nursing Education in Toronto early in June. Another group from Montreal, consisting of Miss Samuels, Miss Hersey, Miss Young, Miss Moag, Miss Nash and Miss Smellie, went to Swampscott, the week of June 18th, for the National League of Nursing Education Convention.

Ontario

The first meeting of the Ontario Public Health Committee for 1923-24 was held at the Graduate Nurses' Culb, Toronto, on June 14th, 1923.

The committee is composed of nurses representing the various types of public health nursing and kindred work being carried on in the province: Provincial Department of Health—Miss Knox, Miss Hamilton, and one nurse from each of the eight health districts; Provincial Department of Education—Miss E. K. Jamieson and four supervising nurses; Mothers' Allowance Commission of Ontario—Miss Dorothy Farncomb; Red Cross Society—Miss Wilkinson; Victorian Order of Nurses—Miss Edith Campbell, of Toronto, and Miss Cole, of Ottawa; Department of Soldiers' Civil Re-Establishment—Miss Rogers; Hospital Social Service—Miss J. M. Kniseley; Industry—Miss Edith Morrison, chairman of the Sub-Committee on Industry; Volunteers—Miss Barbara Blackstock; University Departments—Miss E. K. Russell, of Toronto, and Miss M. E. McDermid, of London. Miss Cook, president of the G.N.A.O., is a member of the committee, ex-officio. The officers of the committee are Miss Eunice H. Dyke, convener, and Miss J. M. Kniseley, secretary. It is hoped to further enlarge the committee by the addition of nurses in touch with the rural districts.

The relation of the C.N.A.T.N. to the committee was made clear by Miss Florence Emory, chairman of the National Public Health Section, and the secretary, Miss Muriel McKay. Miss Laura Holland explained the purpose of the Public Health Department in the "Canadian Nurse," and Miss Beryl Knox was appointed to represent Ontario on the Publications Committee of the Public Health Department of the C.N.A.T.N.

Three members of the executive of the G.N.A.O. contributed to the discussions of the committee—Miss Beatrice Ellis, secretary-treasurer; Miss E. MacP. Dickson, acting inspector of training schools, and Miss Cook, president.

The enrolment of the nurses of the province in the Public Health Section of the C.N.A.T.N. was made the responsibility of the eight district nurses of the Provincial Department of Health, with the co-operation of nurses engaged in special branches of health work. The committee will take an interest in securing complete registration of graduate nurses engaged in public health work, and will co-operate with the Red Cross in their enrolments for emergency service.

Manitoba

Miss Katherine Van Allen, graduate of Winnipeg General Hospital, who has just finished a six-months' public health course in Toronto, has returned to the city.

Miss Sheridan has accepted a position with the Metropolitan Life Insurance Company for July and August.

Miss M. A. Simpson has resigned from the staff of the Manitoba Provincial Board of Health.

Miss M. Hodge, who has taken an extension public health course in Columbia University, has returned to Manitoba, and will again take up her work with the Provincial Board of Health.

Alberta

Miss Anna Belcher, P.H.N., has accepted a position as school nurse with the Edmonton City School Board.

Miss J. Mayson, P.H.N., is filling the position of district nurse in the recently organized district around the Lesser Slave Lake.

Miss E. Elizabeth Smith, R.N., provincial district nurse, Golford, is on three months' leave, holidaying with her people in Kent, England.

Miss Girling, P.H.N., is relieving during Miss Smith's absence.

British Columbia

Miss Josephine Peters, R.N., of the Rotary Clinic staff, Vancouver, is recovering from an operation at the Vancouver General Hospital.

Miss McBride, formerly of the S.C.R. Social Service staff, Vancouver, has secured a position with the Child Welfare Association, Reno, California. We are sorry to see so many of our public health nurses going to the United States for positions.

Mrs. Bellamy has returned to duty with the School Board of Vancouver after six months' leave, when Mrs. L. Oliver substituted with the school nursing.

Miss E. G. Breeze, supervisor of school nurses, Vancouver, is taking the summer course at the University of California, Berkeley.

Miss Elinor Wade (Vancouver General Hospital and C.A.M.C.) has been appointed public health nurse at Arrowhead, B. C.

Miss Kathleen Sanderson, formerly of the Social Service Department of the Vancouver General Hospital, has been awarded the scholarship given by the Royal Victoria Hospital, and will take a course at McGill University.

Miss McNaughton (U.B.C., 1923) has secured a position with the Department of Public Health, Montreal.

Miss Claxton (U.B.C., 1922) will relieve at the Rotary Clinic during the summer holidays.

Miss W. Goddard (U.B.C., 1923) is at present on private duty work in Seattle, Wash.

Miss M. B. Sanderson has resigned from her position with the City Relief Department, Vancouver, to be married to Mr. H. B. Rose, late of Vancouver, but now of San Francisco.

VITAMINES INDISPENSABLE FOOD FACTORS

Vitamines are, in reality, indispensable food factors. Since they are present in most natural foods, we have eaten them ever since man appeared on this earth—we ate them without knowing that they were in the food. The vitamine discovery really consists in proving that most natural foods contain small quantities of substances indispensable to life —substances which, because of their presence in such small quantities, were overlooked in the past. If vitamines are really indispensable to life—and an innumerable number of experiments prove this—then the very fact that life has existed on this planet these many thousands of years is evidence that the food man has eaten has always contained vitamines.—Casimir Funk, Ph.D., D.S.C., and Benjamin Harrow, Ph.D., in *The Health Builder* for March.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 572 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Some General Remarks on Radium

By H. E. Munroe,
O.B.E., M.D., C.M., F.A.C.S.,
Saskatoon.

The fundamental principle underlying the peculiar properties of radio-active elements is the spontaneous disintegration of their atoms into atoms of physically and chemically different substances. According to Rotherford, an atom of any element is composed of a nucleus of positive electricity, surrounded by a system of negative electrons rotating around the centre. The total electrical charge of the rotating electrons is just enough to balance the positive electricity of the nucleus. The characteristics of the atom is determined by the number and arrangement of the electrons and the nuclear charge. The atoms of some elements are less stable than others, and a disruption of the nucleus occurs spontaneously—a violent explosion of the atom results, and a complete rearrangement of both inner and outer systems to form an atom of an entirely different element. Usually this phenomenon is accompanied by the explosion of electrically charged particles, travelling at high velocities, and sometimes by a type of X-radiation.

In the case of radium, the disintegration of any given amount takes place very gradually, although the disruption of an individual atom is a sudden change of explosive nature. When this occurs, a positively charged particle of relatively small mass, now known to be helium, is suddenly expelled at high velocity; while the residual atom, by rearrangement of the electrons, becomes an atom of a new substance. The particle

expelled is called the Alpha ray, while the new product is radium emanation. Radium emanation is a gas even less stable than radium; consequently disintegrates in a similar manner, but at a much more rapid rate.

The expulsion of an Alpha particle from the atom of emanation causes the residue to coalesce into another new particle, called Ra. A., which, by further consecutive changes, gives rise to Ra. B. and Ra. C. It is these latter elements that emanate the Beta and Gamma rays that are so valuable as therapeutic agents.

There are three distinct types of radiation emitted from radioactive bodies, which have been called the Alpha, Beta and Gamma rays. A very close analogy exists between the rays and the rays produced in an ordinary X-ray tube. The Alpha rays are analogous to the Canal rays; Beta rays are practically the same as Cathode rays; while Gamma rays are very similar to the Roentgen rays. The principal differences are that the Alpha and Beta particles are expelled at higher velocities than the Canal and Cathode rays; and Gamma rays are more penetrating than X-rays, and their dose can be more accurately estimated, as it depends on the constant properties of Ra., and not on the variable conditions that result, and effect the nature of the X-rays produced by an electron current passed through a vacuum tube.

Alpha rays are positively charged particles of approximately one-tenth of the velocity of light. The penetrating power of the Alpha rays is exceedingly small, a sheet of ordinary writing-paper being sufficient to absorb them completely. In any tube of radium, the Alpha rays are absorbed by the glass, and in flat applicators by the varnish or enamel. They are of little practical value in radium therapy, according to present knowledge.

Beta rays are negatively charged corpuscles of a velocity nearly equal to that of light. They are 100 times more penetrating than the Alpha rays, and are not completely absorbed unless the container is surrounded by a 2mm layer of lead. They are very useful where only superficial effects are required, and where the radium is in direct contact with diseased cells.

Gamma rays are not corpuscular, but consist of electromagnetic disturbances similar to ordinary light waves. By virtue of their short wave length, they possess greater penetrating powers than X-rays. In the terminology of the X-ray therapist, they are "harder" than even the hardest X-rays produced. They are 10-100 times more penetrating than Beta rays, and several centimeters of lead will not completely stop this type of radiation.

Secondary Rays

These three primary forms of radiation produce secondary rays when the primary rays impinge on matter. Those produced by Alpha and Beta radiation are of little importance. Gamma rays, however, in

traversing matter, produce both Beta and Gamma secondary radiation. From a therapeutic standpoint, the secondary Beta rays produced by the passage of Gamma rays through a metal screen must always be considered, and an additional absorbing material—such as a few layers of rubber—must be provided for this purpose. Radium, therapeutically, is used in the form of one of its salts, either the soluble chloride and bromide, which, on being dissolved, provides a radium solution as a source of radium emanation, or the insoluble sulphate, which is the one usually employed.

A knowledge of the biological reaction of tissues to radiation enables us to interpret correctly their therapeutic value, and assist us in the choice of the quantity and quality of rays to be employed.

During the first few years of its use as a remedial agent its advocates met with a considerable amount of opposition, and their claims were received with scepticism by the more conservative members of the medical profession. This conservative attitude, in regard to new remedies, obviously has its drawbacks; but it undoubtedly has the corresponding advantage that it tends to check their indiscriminate use at a time when they are still more or less in the experimental stage. At the present time, however, this has disappeared, in view of the brilliant results it has achieved.

In estimating the value of radium treatment in cancer cases, it should be borne in mind that its advocates do not claim that it supercedes surgery (except in cancer of the skin or lips), but that it is a valuable adjunct to surgery in helping to prevent recurrences after operation, in rendering inoperable cases operable, and that it has proved itself to be one of the best palliatives we have in cases in which operation is impracticable, and in many such cases has brought about apparent cure. This being so, it is obvious that, in a large proportion of cases, radium is used as a last resort—sometimes when the patients are in a moribund condition, and when all other measures have failed to give relief. This should, therefore, be taken into consideration in estimating the results. In such instances, even if we succeed only in alleviating the distressing symptoms and giving the patient a certain amount of comfort, the treatment will have justified itself, and radium will have accomplished what nothing else is capable of doing. That radium is now employed as the treatment in preference to surgery in non-malignant conditions, such as naevi, keloids, lupus-vulgaris, tubercular glands, etc., gives some conception of the range of radium therapy and its value as a therapeutic agent.

How soon a smile of God can change the world! How we are made for happiness—how work grows play, adversity a winning fight.

ROBERT BROWNING.

Pupil Nurses' Department

The Introduction of Student Government into the Royal Victorian Hospital, Montreal

By C. E. Brewster, R.V.H.

The institution of a Student Government Association in the training school here came as the result of a growing recognition on the part of both staff and students of the need for some such organization. The condition which made this need most generally and keenly felt was, perhaps, though by no means the chief or only consideration, the difficulty experienced in promoting social and athletic activities in the school. These had not kept pace with the growth of the school; and under the existing system it was impossible that they should do so, for, while each class might, and did, have sufficient machinery to carry on business with its own members, there was nothing to link together the various classes. Consequently, in matters pertaining to the entire school, the initiative had to be assumed either by some member of the staff or by an individual student. Although there was always a minority ready to do its fair share, and more, in the common interest, generally speaking, the old saying, "What is everybody's business is nobody's business," held true; so that with the growth of the school came an increasing difficulty in getting in touch with all students. Those interested were convinced that time and an organization would both further athletic attainments proportionate to the membership and provide more opportunities for recreation and entertainment.

Another argument for organization was that, without it, the student body had no representative voice. This is an obvious and serious drawback in many circumstances which arise in one's own hospital. At a time when student government is firmly established in so many institutions, both in Canada and in the United States, it is more—it is a handicap to the school itself; for its members are debarred from general citizenship and isolated, since only incidentally can they gain information as to progress in other hospitals and the community at large. Many opportunities for advancement are thus lost. It was believed that the influence of an organization could be far-reaching.

Then, again, there was the problem of the control of student conduct in residence. Probably there is bound to be considerable difficulty in the enforcement of such rules as are necessary in residential life. But a central authority, as represented by the superintendent of the training school or her assistants, is in this case confronted by two obstacles which a student body does not have to override. The latter are living with the students and know what is going on. To learn this, the former has to

exercise a supervision close enough to cause constant petty irritations on both sides. In the second place, the students feel less obligation to keep rules for the making and administering of which they are not responsible. Those concerned thought that student control in the residence would be more satisfactory to all and would tend to work more and more smoothly as time went on.

The senior class of 1923 were the first to assume the responsibility of putting this idea into definite form. After considerable discussion the class met in the spring of 1922 and organized itself along the usual lines. Acting on their advice, and with the consent of the superintendent of the training school, the officers called a mass meeting of the school for the purpose of considering the advisability of adopting student government. This was in October, 1922. The proposition was well supported, and, after some discussion, was passed unanimously by the meeting, the trial period to be one year. From constitutions in use in sister institutions, the senior year had drawn up a suggested constitution. This was read, and voted on clause by clause. The clauses as accepted formed our provisional constitution. According to the constitution, nominations were then called for the following officers: President, vice-president, secretary, treasurer, and social convener. Nominations were also taken for the members of the court of appeal, and each half-year was instructed to elect its own representative, the superintendent of the school to be honorary president. A second meeting was called one week later for the election of officers. These, together with the class representatives, constituted the Students' Council, with power to deal with all matters pertaining to student conduct in residence. The superintendent of the training school, her assistant and three head nurses had the right of final judgment in any matter. Before the meeting adjourned the current rules and regulations of the home were read, discussed, and, with but a few slight changes, accepted. The meeting also fixed penalties for the breaking of the rules. This completed the work of organization.

An institution of six months' standing can not have a long history of progress and achievement; but it may be of interest to those in other schools who are contemplating organization to learn what has been done in the first six months, and how far its record justifies the hopes with which it was launched. In the first place, we have the work it has done in promoting social and athletic activities. Under the direction of the social convener, an annual dance was given to each class; arrangements were also made whereby class teas may be given on Sunday afternoons, the number given depending on the will of the classes. These opportunities for entertaining their friends have been appreciated by the students. A skating rink was provided in the winter. This spring the office of tennis manager was added to the executive. Through the efforts of this officer in arranging tournaments, the tennis court has been put to more general use than formerly. A librarian was also appointed, and a seldom-used library turned into a reading-room; its row of classics, near-

classics and contributions were unlocked, and a number of current publications provided for the reading tables. Two addresses by outsiders have been given at mass meetings; a representative was sent to the Student Christian Movement Conference in Toronto in January, and the Council are planning to send two representatives to the conference at Elgin House this summer, money for their expenses having been raised at a bazaar given by the nurses.

In its control of rules and regulations, the Council has not attempted many changes. Probably student administration does tend to extended privileges; but the feeling here is that the slight increase in liberty, whether regarded as baneful or beneficial, is more than offset by the stricter observance of the standing rules.

This is, in brief, the year's record. It is sufficient to say, in closing, that the general attitude is one of satisfaction rather than regret at the step taken, and it is confidently expected that the benefits springing from it will be increasingly evident as time goes on. There was not one dissenting voice at the annual meeting, in May, when it was voted that the provisional constitution and rules be accepted as the constitution and rules of the association.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The sixteenth annual convention of the Canadian Association of Nursing Education was held in Toronto, June 6th to 9th, and the concensus of opinion was that this convention excelled all previous ones, both in point of numbers and in the high quality of the varied and interesting papers read and the discussions that followed.

The hospitality accorded by the Toronto nurses and the civic authorities was just one more proof of the reputation the Queen City has earned for herself along these lines.

It was much regretted that, owing to illness, the president, Miss M. A. Catton, was not present; but the meetings were presided over by Miss F. M. Shaw, first vice-president, who was the unanimous choice for president this coming year.

Fuller reports of the convention will appear in the Canadian Association of Nursing Education Department in subsequent numbers.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss Louise McLeod is supplying at the M.G.H., in the assistant superintendent's office.

Miss Lily Gray, V.O.N. service, has been transferred from Montreal to Renfrew, Ont.

Miss E. Barnes (1922) has resigned as first assistant to the night superintendent, and has been succeeded by Miss Estelle Smellie (1923).

The sympathy of the Alumnae members is extended to Mrs. Leggo (Miss Moody, 1919) in the loss of her father.

Miss Christine MacKay (1922) is on the V.O.N. staff, Montreal.

During the summer a graduate from the M.G.H. is on duty on the Saguenay steamer "Eternity." Miss Clara Jackson (1922) was the first this year to take this service.

Miss Beatrice Hadrill has returned after a lengthy sojourn in California, motoring to California from New York with two graduates, Misses Leon Owens and Fraser (1919).

The assistance given by an offer of free room space in the Hotel Ritz-Carlton to the nurses of Montreal for a bazaar in aid of the Nurses' Club House is much appreciated by all nurses living in Montreal. Miss A. Jamieson, 10 Bishop Street, is general convenor, and asks the help of Montreal nurses who are out of the city for donations to this object.

The graduation exercises of the 1923 class was held June 15th, when thirty-nine students received their diplomas, at the hands of Lieut.-Colonel Herbert Molson, C.M.G., M.C., after the opening address. H. A. Lafleur, B.A., M.D., addressed the nurses. Prizes for general proficiency were won by Miss D. McCarogher in the first section of the class, and Misses E. Robertson and A. MacTier divided the honor for the second section. The Mildred Hope Forbes prize was won by Miss H. McCuaig for the first section and Miss E. Robertson in the second section of the class. The Alumnae entertained the graduating class at dinner at the Ritz-Carlton Hotel in the evening, 140 nurses being present.

The following nurses formed the class: Madge Baldrey, Myrtle R. Bennett, Jane Isabella Brown, L. Carmen Budd, Florence A. Cluff, Marie L. Des Barres, Matilda N. DeVere, Emily G. Dwane, Ruth Foster, Evelyn Grandmaison, Nina M. Howlett, Anna Mae Hutt, Mary M. Kell, Margaret R. Lawrence, Hilda G. Little, Elizabeth J. Low, Adeline W. MacTier, Grace H. MacConachie, Dorothy K. McCarogher, Helena C. McCuaig, Katherine MacKenzie, Muriel L. MacCollum, Anna M. McLeod, Mary J. McRae, Gertrude Morewood, Gladys M. Parham, May O. Park, Kathleen M. Prince, Elizabeth M. Robertson, Marguerite G. Russell, Violet G. Saucier, Matilda M. Shaver, Ivory V. Shipman, Estelle S. Smellie, Jean M. Smith, Eileen G. Sullivan, Annie Edythe Ward, Inex Ellen Welling, Marjorie H. Whelpley.

Royal Victoria Hospital, Montreal

Hearty congratulations are being given Miss Vivian Freeze (1920) on securing the highest marks in the course for administrators at the School for Graduate Nurses, McGill University.

Miss Myrtle Ross (1919), who has been acting superintendent of the Ross Pavilion, R.V.H., has resigned, to be married.

In order to help raise funds to send a delegate to the Student Christian Movement Conference, to be held in Toronto in September, the student nurses arranged a delightful tea and dance for July 4th.

Miss Ethel Fleming (1919) has accepted a position in the hospital at Ann Arbor, Mich.

Miss Marjorie Allder (1923) has been added to the staff of the hydrotherapy department of the Ross Pavilion, R.V.H.

ONTARIO

Toronto

The graduating exercises of the Hospital for Sick Children took place on Tuesday evening, May 22nd, in the nurses' residence. Thirty-seven graduates received their pins and diplomas from Mrs. Cockshut, the wife of the Lieut.-Governor, and were addressed by Surgeon-General Fotheringham, C.M.G.

The following are the graduates for 1922-23: Misses Elizabeth Ambler, Patricia Blackmore, Mary Bullick, Sybil Boyce, Norma Bolton, Alice Boxill, Vera Clarke, Margaret Cunningham, Janet Cameron, Justina Chisholm, Kathleen Christie, Grace Conway, Dorothy Crossland, Edith Dawson, Helen Darnley, Mary Ellis, Frances Ebitt, Clementine Edwards, Marjorie Foy, Dorothy Gunn, Helen Galloway, Grew Eleanor, Elsie Hubbard, Oril Kerr, Anna Linton, Bea McDougal, Marguerite McKinley, M. Mustard, Margaret Needler, Alberta Palen, Zetta Pratt, Olga Ridout, Russell Marjorie, Margaret Ratchford, Edith Watt, Muriel Thom, Marguerite Walker.

The scholarship-winners were as follows: Alberta Palen, Edith Watt and Norma Bolton.

The annual garden party of the Alumnae Association of the Hospital for Sick Children, Toronto, was held on Saturday, June 23rd, at the Lakeside home. The guests were received by Miss Panton, lady superintendent of the hospital, and Mrs. Storey, president of the Alumnae Association. A great number of the graduates and their friends were present, all of whom enjoyed the reunion with old friends and classmates.

Toronto Western Hospital

The graduating exercises of the 1923 class were held June 4th, when nineteen nurses received diplomas. The address was given by Sir Robert Falconer, and Dr. S. M. Hay administered the Florence Nightingale pledge. Miss McKee, superintendent of nurses, held a reception for the nurses and their friends in the evening.

Chatham

The graduating exercises of the 1923 class were held June 13th, in St. Joseph's Hall. After the formal exercises, the nurses entertained their friends at a reception and dance at the Grey-Dort Club Room.

The annual meeting of the Alumnae Association was held June 27th, with good attendance. Miss Gray presided. An account of the G.N.A.O. was given by Miss Norton, and one of the Private Duty Section by Miss Gray. A talk on "Radium" was given by a former graduate of the school, Miss Berhorst, superintendent of the Radium Hospital, Columbus, Ohio, and one by Dr. Bryce Kendrick on "Headaches." The officers were re-elected for another term. After the business meeting, tea was served. The usual annual picnic was discontinued for the present, the nurses attending the garden party given by members of the Blessed Sacrament Church.

Fergus

The graduating exercises of the 1923 class of the Royal Alexandra Hospital were held June 21st. Prizes, pins and diplomas were presented to the members by Dr. Groves, medical superintendent of the hospital, and Mrs. Cram, of the board of managers, to the following: Misses Osborne, Smith, Baird, Watson and McKay. Dr. McMahon, of Toronto, addressed the graduation class. A large number of former graduates of the school were present. Following the exercises, a reception was held in the nurses' residence.

The annual meeting of the Alumnae Association was held June 21st, at the residence, with a large attendance. After routine business and the election of officers, a splendid address was given by Mrs. Smith, former superintendent of the school. A reception followed the meeting.

Kingston

The eighteenth annual commencement exercises of the K.G.H. were held May 11th, in Grant Hall, when the 1923 class of thirty members received their diplomas. Rev. I. J. S. Ferguson addressed the class. After the formal exercises were ended, a reception for the nurses and their friends was held. The Alumnae Association entertained the class at a dinner on May 9th, when fifty-six nurses spent a most enjoyable evening.

Picton

The graduating exercises of Prince Edward County Hospital Training School for Nurses were held in the Methodist Church on Monday, May 14th, at 8 p.m. The church was filled to its utmost capacity with friends and relatives of the class of 1923. Mrs. H. B. Bristol presented the diplomas, the superintendent of nurses the pins, and Rev. Mr. Mellor presented the Florence Nightingale pledge. Miss Annie Doyle, one of the graduates, was awarded the prize for general proficiency donated by Dr. Chas. McCullough, of Wellington, Ont., and Miss Winnifred McCalpin won the Dr. Chas. Publow scholarship for operating-room technique. Dr. L. J. Austin, of Queen's University, Kingston, Ont., was the speaker of the evening, addressing the graduates. Other addresses were given by the president, Mr. Robert Davison, and Drs. Currie, Philp, Publow and Platt. Afterwards refreshments were served in the school-room, and a pleasant and successful evening was brought to a close.

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MANITOBA

St. Boniface Hospital, St. Boniface

The Alumnae Association entertained the 1923 class at dinner June 21st, when a most enjoyable evening was spent. The night before the senior class entertained the graduating class with the reading of the class prophecy, which caused much interest and amusement.

The Glee Club held a silver tea in aid of the fund for the repair of the tennis courts at the hospital.

Winnipeg General Hospital

Misses Lawford (1906) and Timleck (1917) have accepted positions in the admitting office of the W.G.H., and Miss M. McGilvray (1910) as night superintendent.

Miss Violet MacAleese (1921) is now in charge of the pathological department of the Children's Hospital, which position was recently resigned by Miss Isabel Hamilton (1919), while Miss Irene Sharp has taken charge of the operating room in the same hospital.

Miss Isabel Stewart (W.G.H.), after many years as assistant professor, has now become associate professor at Teachers' College, Columbia University, New York.

Commencement exercises of the 1923 graduating class of the Winnipeg General Hospital Training School for Nurses was held in Grace Church on Friday evening, May 11th. After the assembling of the faculty, pupil nurses and graduates, a short musical programme was given, followed by a very helpful and inspiring address by Rev. Dr. John McKay, president of Manitoba College. The distribution of prizes and diplomas then took place.

Graduates of 1923: Harriet Adamson, Elma Aitkins, Ainslee Andrew, Thordes Ardal, Laura Brad, Mae Bowering, Katherine Bonnar, Juanita Curry, Marie Cornell, Olga Chapman, Maggie Craig, Lulu Dodd, Laura Gemmill, Florence Hall, Sybil Harriott, Hazel Ingram, Hallbera Johnson, Elnor Jowsey, Pearl Kaiser, Susie Kelsey, Lillian Mason, Nora McKenzie, Edith McCrae, Ethel McLachlan, Jessie Munro, Lillian Nixon, Emily Neil, Christine Otter, Lillian Pollon, Mrs. Edith Parker, Robina Ryder, Kathleen Ridout, Jean Robertson, Esther Simenstin, Mary Turner, Eva Thomson, Ella Underhill, Louise Venables, Evelyn Warner.

Scholarship, presented by the hospital—Miss Laura Brad.

Highest general proficiency, presented by G. F. Galt, Esq.—Miss Lillian Nixon.

Best executive, presented by J. S. Hough, Esq., K.C.—Miss Kathleen Ridout.

Best practical, presented by G. H. Balfour, Esq.—Miss Maggie Craig.

Intermediate Class: General proficiency, presented by E. D. Martin, Esq. —Mrs. Winnifred Camp.

Junior Class: General proficiency, presented by Max Steinkopf, Esq.—Miss Vera Robinson.

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SASKATCHEWAN

Saskatoon

Miss Jean Grant (S.C.H., 1922), who has been on the staff of the Hafford Hospital, left recently for New Glasgow, N. S.

Miss Beatrice Hawke (S.C.H., 1919) has been appointed to the Saskatoon public school nursing staff, to succeed Miss Madge Berry.

At the regular monthly meeting of the Saskatoon Graduate Nurses' Association, held at the Nurses' Home of the City Hospital on June 7th, the following officers were elected for the coming year: President, Mrs. Alden Johns; vice-president, Mrs. Hunter; secretary, Miss Helen Cameron; treasurer, Mrs. Lamont; councillors, Misses Dunham, Burse, M. E. Campbell, Turner and Gruhlke. Following the reports of the officers, a committee was appointed to make arrangements for a bazaar to be held in the fall.

Regina

Regina nurses present at the annual meeting of the C.A.N.E. in Toronto on June 6-9 were Miss M. M. Gordon, admitting nurse, Regina General Hospital, and Miss M. F. Gray, supervisor of nursing housekeepers.

On May 30th the following nurses received their medals and diplomas as graduates of the Regina General Hospital Training School for Nurses: Naina Garda Gustafson, Olive Opal Morton, Ruth M. Kennedy, Berta A. Moeller, Marguerite E. Hood, Ellen B. Brockman, Aldis Sveinson, Dora Campbell, Sophia Sveinson, Isabella A. Armitage, Flavia Linton, Janet M. McKenzie, Margaret I. M. Tate, A. Clara Wilson, Margaret H. Clarke, Ethel Clarke.

The graduation exercises of the Training School for Nurses of the Regina Grey Nuns' Hospital were held on June 5th, the following nurses being awarded medals and diplomas: Ladisla E. Grounds, Helen M. McCarthy, Isabelle Kemp, Edna R. Nordloef, Clara Farrell, Mary H. Dean, Damienne Richer, Edna A. Cunningham, Maude Dunn, Lola Dunn.

The nurses of the Regina branch of the Saskatchewan Registered Nurses' Association were the hostesses at a picnic held in honor of the 1923 graduates of the two city schools. A number of the city doctors placed their motors at the disposal of the president, Miss Lyne, and joined the nurses in enjoying the outing to "Hungry Hollow."

Prince Albert

The Saskatchewan Hospital Association, in annual convention in Prince Albert, June 4th and 5th, spent some time in the discussion of nursing matters, centering on the hospital's responsibility to the training school. Resolutions were passed recording their recognition of (1) the necessity of the provision of a certain minimum standard equipment for class-rooms, and suggestions as to means of securing this; (2) the value of a training in the care of patients suffering from tuberculosis, and recommending that all training schools affiliate with the Provincial Sanitarium to secure such training for all the students; (3) the necessity for a practical training in the care of infectious diseases as an essential part of every nurse's training.

Misses Margaret Gow and Agnes Robertson (Prince Albert Municipal Hospital, 1921) have successfully completed a post-graduate course in surgery at the Lakeside Hospital, Cleveland, O.

Weyburn

The Saskatchewan Medical Association met in annual convention in Weyburn, July 4th to 6th, and the Registered Nurses' Association appreciated the fact that Miss M. F. Gray, the supervisor of nursing housekeepers, was given the opportunity to report to the association on the progress of the plan for the one-year training of the Saskatchewan nursing housekeeper—the course which was instituted in 1920 by the Saskatchewan Registered Nurses' Association, with the co-operation of the Red Cross Society and the University of Saskatchewan. The supervisor's report showed that, in all, twenty-four students have completed the course of training; the nursing housekeepers who are engaged in nursing in the homes are all located in small towns or rural districts, which were formerly without any trained nursing attendant for service in the homes; all are reported as doing good work, and complying in full with the requirements of the Registered Nurses' Association as to registration, fee, and uniform. In some of the smaller hospitals and Red Cross outposts

nursing housekeepers have also been engaged to assist the registered nurse, relieving her of some of the routine housekeeping duties, as well as assisting with the nursing care of the patients. The discussion showed a confusion in the minds of some of the physicians of the trained nursing housekeeper and the untrained, so-called "practical nurse," whom it is hoped to replace in time by the licensed group of trained attendants. The co-operation of the physicians was sought (1) in using the nursing housekeepers only for such type of nursing service as she has been trained to perform; (2) in asking that any neglect of duty or breach of ethics should be promptly reported to the supervisor. A resolution approving of the course of training for the Saskatchewan nursing housekeeper was passed by the association.

The nursing housekeepers of the 1922-23 class who have recently received their certificates as Saskatchewan nursing housekeepers are as follows: Ruby G. Armstrong, Elizabeth Akister, Isabel G. Beattie, Estelle M. Brown, Isabel A. Creed, Bernice I. Coble, Marion F. Fair, Mrs. F. Hulbert, Mrs. La Croix, Lottie Meek, Mrs. Motion, Ethel E. Shuttleworth, Hattie M. Stueck, Johanna Tchida, Emily Wickens.

* * * *

ALBERTA

Calgary

At the May meeting of the C.A.G.N., in answer to a letter from the Local Council of Women re capital punishment, the members went on record as being ready to abide by the law of the land, whatever that might be, in this matter. A letter was sent to the C.A.N.E. in answer to the wish for an expression of opinion on a "refresher course" for nurses. The reply was sent that the members considered it a very valuable suggestion, and that a two-weeks' course, with opportunity to attend lectures and visit hospitals, would be most useful. They also suggested that if those nurses holding institutional positions would attend the regular meetings, the younger graduates would get the benefit of their experience.

At the June meeting a most interesting lecture on "Infantile Paralysis" was given by Dr. R. B. Deane. This was illustrated by lantern-slides. Votes of thanks were given to Dr. Deane and his assistants, as well as the Mother Superior of the Holy Cross Hospital for the use of the hall. A most successful dance was held June 6th. Mrs. Stuart Brown presided at both meetings.

* * * *

BRITISH COLUMBIA

Results of Registered Nurses' Examinations, May, 1923

One hundred and twenty-four nurses in the province wrote for the registered nurses' certificate in May. The following, after graduation from their several schools, were successful in passing, and now have the right to hold certificates and the use of the letters R.N. after their names: Nurses from the Vancouver General Hospital; St. Paul's Hospital, Vancouver; Royal Jubilee Hospital, Victoria; St. Joseph's Hospital, Victoria; Chemainus General Hospital; Ladysmith General Hospital; Nanaimo General Hospital; Royal Columbian Hospital, New Westminster; Vernon Jubilee Hospital; Nicola Valley General Hospital; Queen Victoria Hospital, Revelstoke; Kootenay Lake General Hospital, Nelson; St. Eugene's Hospital; Prince Rupert General Hospital, and Port Simpson General Hospital wrote on the papers.

Miss M. McNeill, of St. Joseph's Hospital, Victoria, obtained the highest marks; Miss A. Anderson, of the Vancouver General, was second, and Miss C. Collins, of the Kootenay Lake General Hospital, was third.

The following passed, in order of standing: Misses I. Gardner and E. Teece (equal), Misses Margery Lee, M. Murphy, E. Cluness, R. Layton, M. Diederich, M. Carpenter, A. Hale, B. Lord, C. Smith, M. McPhee, J. Ross, M. McGilliveray, C. Callodin, H. Ross, E. Abrams, M. McKenzie, A. M. Kerr, L. Stocker, G. Middleton, M. Howe, P. Heathorn, A. Wright, C. Morgan, J. McIntosh, O. King, L. Wirth, M. Reid, I. Penzer, H. Kennedy, M. Mason, D. Frampton, L. E. Cummins, M. Matheson, E. Moore, K. Holland, D. Coughlin, E. Wilkinson, Sister M. Ambrose, M. Dinahan, V. Beckley, G. Tait, H. Cook, C. Vatnsdale, E. Royce, M. McLennan, F. Senay, A. Herres, D. Kennedy, A. Thorpe, M. Bridgeman, B. Girard, J. McVicar, H. Lutes, S. Wright, K. Lamb,

H. Nicklason, E. Cooksley, M. Evans, P. Hilborn, K. Lee, K. Doumont, I. E. Graham, K. Ward, F. Zettergreen, R. McKinnon, E. Kieren, M. Lewthwaite, H. Ludgate, J. Dailey, M. Massey, D. Pickering, I. Thomas, M. Taylor, L. Stockwell, M. Connolly, A. Dunn, A. Woodburn, E. Sheppard, M. Hill, S. Johnson, J. Grierson, A. Sanderson, Z. Doraty, H. Connor, R. Walker, A. Buttrum, D. Hall, H. Patterson, C. Parkstrom, C. Vick.

The following, having passed the supplementary examinations, are now eligible for the R.N.: Misses C. Dean, Don, Hillis, A. Milton, M. Walker, O. Green, F. McGregor, B. Ferreira, and L. McIntyre.

New Westminster

Miss I. M. Abrams (Royal Columbian Hospital, 1923) is taking a post-graduate course in eye, ear, nose and throat nursing in Portland.

Miss Cox has left for California to take up private duty there.

Miss K. B. Stott, superintendent of the Royal Columbian Hospital, is taking a summer course at Stanford University, Palo Alto, Cal.

Nelson

Miss Irene Eaman, R.N. (Vancouver General Hospital), has resigned her position as head nurse in the Kootenay Lake General Hospital, Nelson, and is at present at her home in Calgary. Miss Margaret Connolly, of the Royal Inland Hospital, Kamloops, has accepted the position.

Victoria

An informal dance was held at the nurses' residence, Provincial Royal Jubilee Hospital, recently, under the auspices of the V.G.N.A., at which a small sum was raised to help furnish a room in the new wing of the hospital in memory of their sisters who lost their lives in the Great War. A rummage sale will be arranged for shortly for the same purpose.

Vancouver

A garden party was held July 11th by the V.G.N.A. in aid of the fund to furnish kindergarten equipment for the Creche.

The six weeks' course in teaching and administration given at the University of British Columbia, under the supervision of Miss E. Johns, R.N., at the request of the G. N. A. of B. C., started its work July 9th. Those attending are Miss C. E. Guillod, superintendent, Maple Creek General Hospital, Maple Creek, Sask.; Miss C. McLeod, assistant superintendent, General Hospital, Brandon, Man.; Miss M. Dutton, instructor, St. Paul's Hospital, Vancouver; Miss L. Gregory-Allen, instructor, Royal Jubilee Hospital, Victoria; Miss O. M. Shore, demonstrator, Vancouver General Hospital; Miss E. Hogarth and Miss A. B. Croll.

Vancouver General Hospital

The reunion of the Alumnae of the hospital was arranged to coincide with the graduation exercises of the 1923 class. Many of the members of the school graduates were present, every class since the first (1901) being represented. One member of the first class of three, Miss O'Connor, was able to be with the nurses. Three days were given up to the meetings and amusements. The opening of the meetings was made quite a public affair by the presence of Mayor Tisdall, who gave an address. During the course of these meetings addresses were made by Professor Sedgwick, of the U.B.C.; Dr. MacEachern, Dr. McTavish, and Dr. Pearson; while a most interesting history of the school was given by Miss Beatrice Johnson, R.N., one of the three nurses who, in May, obtained the degree from the combined courses at the university and the hospital. An address on "School Fellowship" was given by Miss Helen Randal, R.N., and one on "An Honorable Tradition" by Miss Ethel Johns, R.N. Community singing was a feature of these meetings and was much enjoyed. Entertainments were most enjoyable and varied—a picnic, with boat trip to Bowen Island, luncheons each day, reception and dance, as well as motor trips each day, filled to the brim with pleasure. The finale was the graduation exercise of the seventy-six members of the 1923 class, where the members of past classes, again in uniform, marched in advance of the youngest members of our Alumnae into the hall, where the diplomas and pins were presented. Much credit is due the president, Miss Mary McLean; Miss H. Innis, the general convener of the reunion, and the officers and members of the Alumnae Association, who so willingly devoted themselves to making it a great success.

BIRTHS

Bawden—On March 28th, 1923, at the Kingston General Hospital, to Mr. and Mrs. Jack Bawden (Mary Duncan, Kingston General Hospital, 1920), a son.

Brown—At Chester, England, to Flight-Lieut. and Mrs. L. L. Brown (Moore, Winnipeg General Hospital, 1917), on April 9th, 1923, a daughter.

Campbell—At Vancouver, B. C., June 27th, 1923, to Dr. and Mrs. Glen Campbell (Helen Kathleen Davis, Vancouver General Hospital), a daughter.

Greenway—At Kellam, Alberta. June 13th, 1923, to Dr. and Mrs. A. Clayton Greenway (Nursing Sister Agnes Huston, Toronto Western Hospital, 1913), a son, David William.

Gunn—On June 19th, 1923, at the Royal Columbian Hospital, New Westminster, B. C., to Mr. and Mrs. B. Gunn (Jessie Waddell, Royal Columbian Hospital, New Westminster), a son.

Johnson—At Winnipeg, May 5th, 1923, to Mr. and Mrs. Chas. Johnson (Thompson, Winnipeg General Hospital, 1918), a daughter.

Peterkin—At Toronto, July 7th, 1923, to Mr. and Mrs. S. M. Peterkin (Mrs. Isabella Longman, Wellesley Hospital, Toronto, 1921), a son.

Sloan—At Nanaimo, B. C., July 10th, 1923, to Hon. Wm. and Mrs. Sloan (Catherine McDougall, Vancouver General Hospital), a daughter.

Waddell—At the Regina General Hospital, June 11th, 1923, to Dr. and Mrs. J. T. Waddell (Annie E. Chalmers, Regina General Hospital, 1920), a son.

Wellman—At Richmond Hill, Ont., to Mr. and Mrs. Wesley Wellman (Alice Knapman, Orillia General Hospital, 1919), a son.

Winn—At New Hamburg, Ont., July 7th, 1923, to Dr. and Mrs. N. H. Winn (Alice Belt, Wellesley Hospital, Toronto, 1916), a daughter.

MARRIAGES

Aiken—McMurtry—At Galt, Ont., June, 1923, Helen McMurtry (Wellesley Hospital, Toronto, 1919) to Mr. George Aiken, of Galt.

Appelbe-Borland—At St. Paul's Church, Vancouver, B. C., June 1st, 1923, Nottie Borland (Nursing Sister, C.A.M.C.), daughter of W. J. Borland, Port Arthur, Ont., to Capt. George E. Appelbe. Capt. Appelbe, like his wife, saw service overseas, being with the navy all through the war. They reside at 1646 Beach Avenue, Vancouver.

Brown-Field—At Hamilton on March 29th, 1923, Laura K. Field (Niagara Falls General Hospital) to Harold Brown, Niagara Falls South.

Brisley-Scott—At Winnipeg, Man., April 25th, 1923, Myrtle Scott (Winnipeg General Hospital, 1917) to Mr. Wm. Brisley.

Burns-MacKay—At Winnipeg, Man., June 6th, 1923, Miss Gladys MacKay (Winnipeg General Hospital, 1921) to Dr. C. W. Burns.

Craig-Jones—At Toronto, Ont., April 30th, 1923, Florence Emily Jones, R.N. (Toronto General Hospital, 1913), to Ross J. Craig, of Toronto. Mrs. Craig was formerly matron of Euclid Hall Hospital, D.S.C.R., Toronto. They will reside at 1357 Queen Street, West, Toronto.

Day-Noble—In Saskatoon, on June 9th, 1923, Nora Gladys Noble (Saskatoon City Hospital, 1922) to Mr. William Richard Day, of Melita, Manitoba.

Emmitt-Hamilton—At Crandall, Man., June 6th, 1923, Miss Mabel Hamilton (Winnipeg General Hospital, 1919) to Mr. Robert Emmitt.

Harrington-McRae—In Christ Church, London, Ont., September 10th, 1922 Florence McRae (Sarnia General Hospital, 1916) to Joseph Barrington, Palmerston, Ont.

Howey-West—At Niagara Falls on April 25th, 1923, Mary West (Niagara Falls General Hospital) to Mr. Howey, of Beamsville, Ont.

Hooker-Long—In Saskatoon, on June 4th, 1923, in St. James' Church, Kate Long (Winnipeg General, 1918) to Mr. Granville B. Hooker, of Allan, Saskatchewan.

Kress-Thompson—At Tillsonburg, Ont., June 20th, 1923, Dorothy Thompson (Wellesley Hospital, Toronto, 1921) to Mr. Harper Kress, M.C., of the Canadian Bank of Commerce, Walkerville.

Lowe-Gothard—On June 20th, 1923, at St. John's Church, Moose Jaw, Sask., Clara Gothard (Provincial Royal Jubilee Hospital, Victoria, B. C., 1919) to Albert H. Lowe.

Mahoney-Jarvis—At Hamilton, Ont., June 25th, 1923, Mary Jarvis (Wellesley Hospital, Toronto, 1920) to Mr. Edward Mahoney, of Oakville.

McConnell-Devitt—At Meaford, Ont., February 17th, 1923, Nursing Sister May Devitt (Orillia General Hospital, 1915) to William Frederick McConnell.

Minnis-Sinclair—At Kingston, Ont., June 6th, 1923, Marjorie Gordon (Royal Victoria Hospital, 1921) to Mr. Granvil Reed Sinclair.

Muir-White—In Vancouver, June 28th, 1923, by Rev. Dr. E. D. McLaren, Jean Aitken White (Vancouver General Hospital), daughter of the late F. F. and Mrs. White, of Leslie, Fifeshire, Scotland, to Colin Muir, of Likely, B. C.

Palliser-Howell—At Montreal, June 5th, 1923, Ellice Janet Sanderson (Royal Victoria Hospital, 1920) to Mr. Norman H. Howell.

Rutherford-Aird—At Montreal, June 27th, 1923, by the Rev. J. A. Montgomery, Libbie Campbell Aird (Montreal General Hospital, 1922), daughter of the late Mr. and Mrs. George Aird, of Montreal, to Mr. William King Rutherford, of Montreal. They will reside in Montreal.

Smith-Buchner—At Niagara Falls on March 3rd, 1923, Gertrude Buchner (Niagara Falls General Hospital) to Cecil Smith, of Welland, Ont.

Smith-Ramage—In Regina, on June 20th, 1923, at the home of her brother, Mr. David Ramage, Margaret Jean Ramage (Winnipeg General, 1919) to Mr. Harry George Smith, of Wetaskiwin, Alberta.

Stuart-Stuart—At Christ Church Cathedral, Montreal, June 27th, 1923, by Rev. H. Fricker, Constance M. Stuart (Montreal General Hospital, 1912), of Chatham, England, to Norman C. Stuart, Montreal.

Sweney-Pickering—At St. Paul's Church, Vancouver, B. C., June 19th, 1923, Dorothy, daughter of Mrs. B. P. Pickering, of Chester, England (Vancouver General Hospital, 1923), to Mr. George Sweney, of Victoria, B. C.

Thomas-Burns—At Winnipeg, Man., June 9th, 1923, Miss Mary Irene Burns (Winnipeg General Hospital) to Mr. Wesley Thomas.

Wathen-Ross—At St. Jude's Church, Toronto, June 25th, 1923, by the Rev. Mr. Spence, Marjorie, daughter of Mr. and Mrs. Donald Ross, 214 Westminster Avenue, Toronto, to James McKechnie Wathen, M.D., of Harcourt, N. B. Mrs. Wathen is a graduate of the Montreal General Hospital, 1922. Dr. and Mrs. Wathen will reside in Montreal after their return from a motor trip to the Maritime provinces.

Wesley-Munro—In June, 1923, Frances Munro (Niagara Falls General Hospital) to Victor Wesley, of Toronto, Ont.

Vail-Hicks—At Sarnia, Ont., September 30th, 1922, Bernice Hicks (Sarnia General Hospital, 1914) to Mr. Ralph Vail, Detroit, Mich.

Yuill-Dixon—At Maple Creek, Sask., in the Methodist Church, June, 1923, Ruth Marion Dixon (Vancouver General Hospital) to Alexander Claude Yuill, of Vancouver.

DEATHS

Heskey—At Drayton, Ont., May 13th, 1923, Mary Estelle Norris (Toronto Western Hospital, 1917), wife of J. W. Heskey.

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—*Quarterly Journal.*

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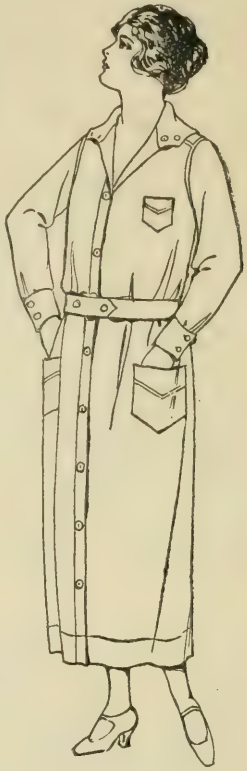

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Regular monthly meeting—First Tuesday, at 8 p. m.

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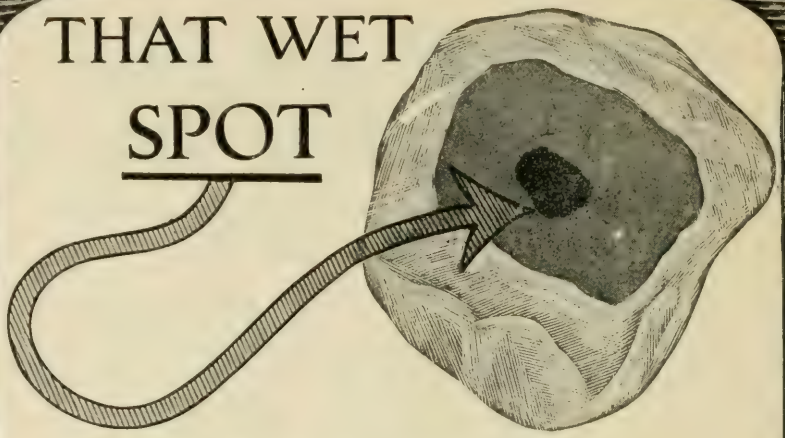

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Regular Meetings, First Friday of each month at 8 p.m.

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Regular Monthly Meetings—First Monday of each month at 3 p.m.

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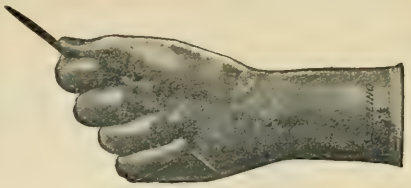

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The International Council of Nurses

EDITOR'S NOTE—

As the Canadian National Association of Trained Nurses is affiliated with the International Council of Nurses and its President, one of the Vice-Presidents of this Council, the history of its inception written by Miss Breay should be of interest to all of us.

The essential idea for which the International Council of Nurses stands is self-government of nurses in their associations, with the aim of raising ever higher the standards of education and professional ethics, public usefulness, and civic spirit of their members. The International Council of Nurses does not stand for a narrow professionalism, but for that full development of the human being and citizen in every nurse, which shall best enable her to bring her professional knowledge and skill to the many-sided service that modern society demands of her.

Next year it will be a quarter of a century since the foundation of the International Council of Nurses, and the younger generation of nurses may not all recognize its significance, or be familiar with its history. We realize this on reading an article in "The World's Health" (a monthly review published by the League of Red Cross Societies) by Miss Katherine M. Olmsted, who through membership of the American Nurses' Association is herself a member of the International Council of Nurses.

International Council, Founded in 1899

We owe our International Council of Nurses, its inspiration, the broadening of the outlook of so many nurses, the professional and social pleasure of its meetings and congresses, and its increasing power of usefulness to nurses all the world over, to the prevision, acute mind, and constant thought for the welfare of the Nursing Profession at large, which has characterised the profession work, and nobility of purpose, of Mrs. Bedford Fenwick for the last forty years.

It was at the Annual Conference of the Matrons' Council of Great Britain and Ireland, held in London on July 1st, 1899, during the Congress of the International Council of Women, when representative nurses were present from the United States of America, South Africa, New Zealand, Holland and elsewhere that Mrs. Bedford Fenwick spoke on the International Idea, and of the strength which can alone be obtained by union. "This union," she said, "has been commenced in this country and in the United States. It remains for the nurses of other lands to follow our example, and unite among themselves; but I venture to contend that the work of nursing is one of humanity all the world over, and it is one, therefore, which appeals to women of every land without distinction of class, or degree, or nationality. If the poet's dream of the brotherhood of man is ever to be fulfilled, surely a sisterhood of nurses is an international idea, and one in which the women of all nations, therefore, could be asked and expected to join. The work in which nurses are engaged in other countries is precisely the same as that in our own. The principles of organization would be the same in every country, the need for nursing progress is the same for every people, and my suggestion briefly is, therefore, that we should here, and to-day, inaugurate an International Council of Nurses, composed of representatives of the Nursing Councils of every country, a body which shall in the first place help to build up Nurses' Councils in those countries which do not now possess any nursing organization at all, which shall afford to those countries the information acquired in England and America in the progress and development of our work, aiding them with our experience, helping them to avoid the difficulties which we have met.

"I beg, therefore, to propose:—

"That steps be taken to organize an International Council of Nurses."

This was seconded from the chair by the late Miss Isla Stewart,

then Matron of St. Bartholomew's Hospital, London, and President of the Matrons' Council of Great Britain and Ireland, supported by Miss M. Huxley, the pioneer of higher education for Nurses in Ireland, and carried by acclamation.

The nucleus of a Committee was then formed, and at its meeting on the following day a very representative Committee, representative of nurses in the United Kingdom, the United States, Canada, New Zealand, New South Wales, Victoria, Holland, Cape Colony, and Denmark was formed.

A Draft Constitution was subsequently drawn up and submitted to members of the Provisional Committee unable to be present, and adopted in 1900.

PROFESSIONAL MEMBERSHIP BASIC PRINCIPLE.

From the first membership has been open to any National Council of Nurses, formed of representative societies and institutions of nurses, provided that their constitution be in harmony with the basis of the Constitution of the International Council of Nurses, that is that they are composed of professional nurses. The National Councils, in their turn, gather up the Associations of Graduate Nurses, and thus is formed a strong body of representative nursing opinion wherever nursing is organized, as each National Council has the right to send four delegates to the Triennial Meeting of the Grand Council of the International Council.

Further, the Constitution provides that "in all countries where a National Council of Nurses is not already organized or federated with the International Council, some representative nurse shall be elected by the Executive Committee to represent her country as Hon. Vice-President of that country in the International Council, until such time as a National Council shall be fully organized and eligible for membership in the International Council."

No Rule is laid down as to the extent of the training which nurses must have before their National Councils are eligible for admission to the International. Provided that the National Councils are composed exclusively of Trained Nurses, and their Constitution is in harmony with that of the International Council, each National Council is left perfectly free to decide its own professional and domestic problems.

The provisions in the Constitution of the International Council referred to above will, when understood, provide an answer to points raised by Miss Olmsted in the course of her article as to the power of the International Council of Nurses to meet the need of many European countries for better nursing, and fuller organization of nurses recognized since the Great War.

Miss Olmsted writes: "What an immense step forward would be realized if all the knowledge and experience available could be brought

to bear upon the creation of a more perfect understanding between nurses of all nations with a view to the development of a more efficient nursing service for the peoples of the world! If a simple and effective organization could be devised to carry into the remotest corners of every country a word of stimulation to the friends of nursing, and a message of hope and encouragement to the pioneers of the profession, what an increase, not only in numbers but in efficiency, would accrue to our world-wide nursing strength. The services which members of our profession can render in countries which are now for the first time demanding trained nurses need be limited only by their own vision."

She goes on to speak of the International Course in Public Health Nursing organized by the League of Red Cross Societies, which has already trained 48 nurses from thirty-one different countries in its International Course in Public Health Nursing. "Each one of them has the same aim, to build up a better nursing service for the people of her country. Those who have watched this experiment can have no doubt of the need and value of a strong international link between nurses of all countries, irrespective of the present strength of the different national nursing associations, which are naturally weaker in the countries which most need help."

She refers to the increasing number of international organizations which are now assuming responsibility for the development of schools for nursing, and for public health nursing, in various countries, but says, "No machinery exists for combining their different experiences, and co-ordinating their activities. There does exist, however, an International Council of Nurses. . . ."

Here, let it be said, that the machinery for which Miss Olmsted is seeking is ready to hand.

1. It provides opportunities for nurses to meet together from all parts of the world to confer upon questions relating to the welfare of their Patients and their Profession.

2. In cases where a National Council of Nurses is not organized it provides for the appointment of a representative nurse to represent her country as an Hon. Vice-President in the International Council.

3. Although membership of the Council is restricted to trained nurses, and voting power in the Grand Council and at Congresses is naturally limited to those in affiliation with it, the widest opportunities have always been afforded not only to trained nurses to attend as fraternal delegates, but to doctors, and others interested in nursing to participate in these gatherings. At the last Congress, held in Cologne in 1912, the nurses of 23 countries from Europe, Asia, Africa, America and Australasia met in professional Conference and Social intercourse, and no one present then, or at the previous Congresses in London, Paris, Berlin and Buffalo will ever forget their inspiration or doubt the power of the International Council to meet the needs of nurses.

Our first Hon. Secretary, Miss L. L. Dock, to whom the Council owes an immeasurable debt of gratitude, wrote at that time:—

"Our leaders point the way, and each member gives of her experience and knowledge. We learn from one another, and take home fresh material of worth and use. Vigorous natural growth is then seen on all sides; inspiration is contagious, and in spontaneity and freedom is the security that our work as professional women shall not be fettered and trammelled, nor cast in shapes of rigid formalism and of timid subserviency. Immense is the courage and reassurance gained in co-operation. Well was it said by an American patriot in a time of trouble: 'If we do not all hang together we shall all hang separately.' So would it undoubtedly be in our work of building up the science of health nursing; still more in our defence of good standards in sick nursing. Were it not for the links which unite us together, and which enable us to draw upon the fortitude of all, progress would halt or cease altgoether.

"It is easy to see why the enemies of women's higher advance seek first of all to keep them isolated from one another, to throw barriers around and between, to choke free union among women. But the day is gone past when that can be successfully done. Having once learned to know one another, and to share aspirations and ideals in work, women will never again consent to give up the joy of co-operation with one another in the furtherance of those ideals."

Since 1912 the International Council has convened no Congress. That arranged to be held in San Francisco in 1915 was prevented by the Great War, and only business meetings were held in Atlanta in 1918 and in Copenhagen in 1922. In 1925 we hope to have the joy once again of one of these great International gatherings in Helsingfors.

Articles inspired by the League of Red Cross Societies are appearing in the public press in this country which, in my opinion, foreshadow a desire for the absorption of the Professional Nurses' International Organization by the League of Red Cross Societies, which is not a professional, but a social organization governed by the laity. Any such attempt to deprive the International Council of Nurses of self-determination would naturally be opposed by those National Councils which realize the danger to independence and self-government which would inevitably result.

As I have shown, the most friendly co-operation is permissible under the constitution of the International Council of Nurses with all International Organizations working for the betterment of the Public Health, such as the League of Red Cross Societies, the International Congress on Tuberculosis, and the International Social Hygiene Conference, which are all doing useful work; but, with Miss Lavinia Dock, I consider that it is entirely through the strength and prestige of professional organization that our nurses reach the position, dignity, and influence which enables them to be useful in mixed organizations.

Any policy of fusion with lay-controlled organizations would rapidly submerge our great Professional International Council of Nurses and render it useless as the Nurses' voice in the affairs of humanity.

MARGARET BREAY, S.R.N.
Hon. Treasurer International Council of Nurses.
—*British Journal of Nurses.*

Diet and Nursing Care in Diabetes

By ROSEBELLE COUTTS, R.N., Toronto General Hospital.

Read before the Annual Convention of the Graduate Nurses' Association of Ontario, at Peterboro, April 6th, 1923.

In order to understand the dietetic treatment of diabetes, it is necessary to have some knowledge of the constituents of food and of the way in which they are used by the body. The three main food principles are, as you know, protein, fat and carbohydrate.

Protein is the chief constituent of living cells, so the protein absorbed from the food is used to replace the body tissues as they are broken down in the process of metabolism. The main sources of protein are meat, egg, albumen and milk. Carbohydrates—starches and sugars—are converted into glucose, which is the chief fuel of the body, producing heat and energy. Carbohydrate exists in cane sugar, cereal grains, fruit, and, in varying percentage, in vegetables. Fat also produces energy. It can be efficiently utilized by the body only when carbohydrate is present, as it needs the fire of the burning sugar to consume it. Fat is found in butter, cream, fat meat and vegetable oils.

In diabetes, owing to absence or deficiency of an internal secretion of the pancreas, the tissues are unable to burn sugar, and, as fat is burned only in the flame of carbohydrate, it also is incompletely consumed. The unburned carbohydrate is excreted in the urine as sugar, the unburned fat as acetone bodies.

The aim of the diet in diabetes is to prevent not only glycosuria, but also acidosis. Formerly it was believed that the addition of fat to a diabetic's diet might result in acidosis and coma, and until quite recently the plan usually followed was to reduce the patient's diet, cutting out fats first, until he became sugar free. Then gradually increasing amounts of carbohydrate and protein were given, and, if the patient had no acetone bodies, some fat was also allowed. Now, however, it is known that, if the fat in the diet bears a definite ratio to the carbohydrate, large quantities may safely be given. The addition of fat to the diet has made it possible to give the diabetic much more interesting and satisfying meals.

At present the plan usually followed is to put the patient on a basal diet; that is, a diet of a sufficiently high caloric value to provide the body with the energy it requires at rest. It is calculated from the surface area of the patient, which is obtained from his age, height and weight; e.g., we have a man 50 years of age, 5 ft. 8¼ in. in height, and weighing 123 lbs. His surface area, obtained by means of the Du Bois height and weight chart, is 1.6 square metres. His basal caloric requirement is 1,524 calories. The fat and carbohydrate are worked out according to standard formulae, so that the fat bears a definite ratio to the carbohydrate, allowing, of course, for the fact that 58 per cent. of protein and 10 per cent. of fat are utilized by the body as carbohydrate. The amount of protein the body requires is 2/3 gram per kilogram body weight; in this case, 2/3 of 56-37 grams. This man's diet then would be: Protein, 37 gms.; fat, 134 gms.; carbohydrate, 38 gms.

The following are two examples of menus that might be used:

No. 1

BREAKFAST—½ grapefruit, 30 gms. bacon, 1 egg, 1 oz. cream, 30 gms. butter, coffee, bran cakes.

DINNER—Broth, 75 gms. steak, 100 gms. onions, 200 gms. cauliflower with cream sauce, coffee jelly with whipped cream, 15 gms. butter, ½ oz. cream, tea, bran cakes.

SUPPER—1 chicken jelly; 1 tomato on lettuce, with stuffing, nuts, celery and salad dressing; 100 gms. rhubarb, 30 gms. butter, ½ oz. cream, tea, bran cakes.

No. 2

BREAKFAST—½ grapefruit, 1 omelette (2 eggs), 30 gms. butter, 1 oz. cream, coffee, bran cakes.

DINNER—Broth, 100 gms. mutton chops, 200 gms. string beans, 100 gms. cabbage, 1 tomato jelly, Bavarian cream, 30 gms. butter, ½ oz. cream, tea, bran cakes.

SUPPER—Cream of celery soup, lobster salad on lettuce, 100 gms. asparagus, 100 gms. cranberries, 15 gms. butter, 1 oz. cream, tea, bran cakes.

In both these diets the carbohydrate is given entirely in the form of 5 per cent. and 10 per cent. vegetables. This is usually done until the patient's tolerance is discovered, as the carbohydrate is much more slowly absorbed in this diluted form. If the patient's tolerance permits, or in some cases when he is put on insulin, the carbohydrate may be given in more concentrated form, e.g., 15 per cent. and 20 per cent. vegetables, oatmeal, and sometimes bread. One disadvantage of giving the carbohydrate in this way is that it decreases the bulk, and so does not satisfy the patient's hunger.

There are several ways in which the diet may be increased and improved without adding food value. The bran cakes used are made with agar, or Indian gum, and contain no protein, fat or carbohydrate.

Jellies may also be made with agar, and flavored in various ways. A very good salad dressing may be made with mineral oil, and there are several flours made of cellulose which may be used in various ways and which have no food value.

The milder cases respond well to this diet, and, when they have been sugar free for some time, increases in the amount of food are made gradually, until a diet is given of a sufficiently high caloric value to enable the patient's return to normal life. Of course, no diabetic can ever abandon dietetic treatment. The more severe cases are put on the same diet and kept sugar free with insulin, the dose depending on the severity of the case. The insulin is usually given immediately before meals. Any patient, no matter how severe a diabetic he is, may be kept sugar free on an adequate diet if he is given large enough doses of insulin.

It is surprising what a difference the change in diet has made in the nursing of the diabetic. Formerly the average patient was underfed, undernourished, and irritable, and had to be watched constantly to prevent breaking diet. And it was impossible to prevent it altogether, because most diabetics were utterly untrustworthy, as far as diet was concerned, and would steal food on every possible occasion.

Now, however, they are given meals which they enjoy and which satisfy their hunger; they feel well and, in the majority of cases, require very little actual nursing; with the result that the nurse's duty has become largely one of education. She should explain to them the nature of the diet and the necessity of strict adherence to it. She should teach them to work out menus for themselves, so that they understand exactly what they are allowed. The importance of the collection and examination of specimens should also be explained. Most of the patients are very much interested in learning these things, and also in having some definite occupation. In our clinic they are taught different occupations, by the aides in the Occupational Therapy Department, such as knitting, working in leather goods, weaving, wood-carving, etc. Some of them, whose diet permits of a little extra work, help on the ward and in the laboratory.

The giving of insulin, of course, entails extra nursing care. It is given hypodermically—and should be given very superficially, as abscesses are likely to result if it is given at all deeply. The patients getting insulin have to be watched very closely, especially if the dose is increased or a change made from one "lot" of insulin to another. This is necessary, because the insulin, if given in too large a dose, or too long before food, may cause a lowering of the blood sugar below the normal level. This condition is called hypoglycaemia. The nurse must be on the alert, as the symptoms—weakness, nervousness and sweating—may appear very suddenly and be rapidly followed by unconsciousness, which may end fatally. The early symptoms may be relieved by giving carbohydrate in some form, e.g., orange juice, glucose or cane sugar. One of these should be always available, and, if the symptoms are severe and no doctor is at

hand, the nurse should administer it. If the patient is unconscious, adrenalin may be given, or glucose, by gavage or intravenously. In this way the blood sugar is restored, and recovery is usually quite rapid. A patient who has had a reaction recognizes the very early symptoms, and is warned to report them immediately. The carbohydrate is administered at once, and in this way reactions may be almost entirely avoided.

Special nursing care is required also in the case of coma. Coma is due to the collection in the blood of acetone bodies, and the treatment usually followed is to give insulin in glucose intravenously, and to push fluids by mouth. The two most important duties of the nurse are to see that the patient is kept warm, as the temperature is usually sub-normal, and that sufficient fluids are given—and "pushing fluids" is not so simple as it sounds. To give a comatose patient five quarts of fluid a day is a real task; but it is a most important part of the treatment, and a part that depends entirely on the nurse; otherwise the nursing care is the same as that of any sick patient.

So, you see, the diabetic nurse has a variety of responsibilities. She must be able to look after the dietetics and teaching, as well as the nursing; and she is repaid by the interest and co-operation of her patient in a way which is rare in any other branch of nursing.

Healing Cults

By W. B. Burnett, M.D.,
Vancouver, B. C.

There is nothing more remarkable in life than the fact that, where healing is concerned, human credulity seems to learn nothing from human experience. We are likely to think that quackery is comparatively new, probably fostered by the unseemly struggle for success, which is sometimes considered characteristic of our times. The claim, however, of the irregular healer is not new. Herodotus, nearly five hundred years before Christ, relates a typical story of the time, as follows:

The Weaver Who Became a Leech

Once upon a time there was a man in Persia who wedded a woman, of rank higher than himself and nobler of lineage, who had no guardian to preserve her from want. She was loath to marry one who was beneath her; yet she wed him because of need, and took of him a bond in writing to the effect that he would ever be under her order to bid and forbid and would never thwart her in word or in deed. Now the man was a weaver, and he bound himself to pay his wife ten thousand dirhams in case of default. After such fashion they abode a long while till one day the wife

went out to fetch water, and saw a leech who had spread a carpet, hard by the road, whereon he had set out a great store of simples and implements of medicine, and he was speaking and muttering charms, while the folk flocked to him from all quarters and girt him about on every side.

The weaver's wife marvelled at the largeness of the physician's fortune and said in herself, "Were my husband such a one he would lead an easy life, and that wherein we are of straightness and poverty would be widened to him."

When she went home she said to her husband, "Verily my breast is narrowed by reason of thee and the very goodness of thine intent; narrow means suit me not; and thou in thy present craft gainest naught; so either do thou seek out a business other than this or pay me my rightful due and let me wend my way."

Her husband chided her for this and advised her to take patience; but she would not be turned from her design and said to him, "Go forth and watch yonder physician how he doth and learn from him what he saith."

Said he, "Let not your heart be troubled; I will go every day to the session of the leech."

So he began resorting daily to the physician and committing to memory his answers and his jargon. Then he returned to his wife and said to her, "I have stored up the physician's sayings in memory and have mastered his manner of muttering and diagnoses and prescribing remedies, and I wot by heart the names of the medicines and of all the diseases, and there abideth of thy bidding naught undone; so what dost thou now command me now to do? Quoth she, "Leave the loom and open thyself a leech's shop." "But," quoth he, "my fellow-townsmen know me and this affair will not profit me, save in a land of strangerhood, so come, let us go out from this city and get us to a foreign land and there live. And she said, "Do whatso thou wilt."

Accordingly he arose and, taking his weaving gear, sold it and bought with the price drugs and simples and wrought himself a carpet with which they set out and journeyed to a village, where they took up their abode. Then the man fell to going round the hamlets and villages and outskirts of towns, after donning leech's dress, and he began to make much gain. Their affairs prospered and their circumstances bettered; wherefore they praised Allah for their present ease. In this way they lived and wandered from country to country, sojourning for a while in one town and another, till they came to the land of the Romans and alighted down in the city wherein was Galen the wise physician; but the weaver knew him not. So he fared forth, as was his wont, in quest of a place where the folk might be gathered together, and hired the courtyard of Galen himself. There he laid his carpet, and, spreading out on it his simples and instruments of medicine, praised himself and his skill and claimed a cleverness such as none but he might claim.

Galen heard that which he affirmed of his understanding, and it was certified unto him and established in his mind that the man was a skilled leech of the leeches of the Persians, and he said in himself, "Unless he had confidence in his knowledge and were minded to confront me and contend with me, he had not sought the very door of my house, neither had he spoken that which he hath spoken."

And care and doubt got hold of Galen; so he drew near the weaver and addressed himself to see how his doings would end, while the folk began to flock to him and describe to him their ailments, and he would answer them thereof, hitting the mark one while and missing it another while, all that naught appeared to Galen of his fashion whereby his mind might be assured that he had justly estimated his skill.

Presently up came a woman, and when the weaver saw her afar off he said to her, "Is not your husband a Jew and is not his ailment flatulence?" "Yes," replied the woman, and the folk marvelled at this; wherefore the man was magnified in the eyes of Galen, for he had heard speech such as was not of usage of doctors.

Then the woman asked, "What is the remedy?" and the weaver answered, "Bring the honorarium."

So she paid him a dirham and he gave her medicines contrary to that ailment and such as would only aggravate the complaint. When Galen saw what appeared to him proof of the man's incapacity, he turned to his disciples and pupils and bade them fetch the mock doctor, with all his gear and rugs; and accordingly they brought him without stay or delay. When Galen saw the weaver, he asked, "What drove thee to do that which thou dost?"

So the weaver acquainted the wise Galen with his adventures, especially with the marriage settlement, and the obligation by which he was bound with regard to his wife, whereat the sage marvelled.

Then he entreated the weaver with kindness and took him apart and said to him, "Expound to me whence thou knowest that this woman was from a man, and he a stranger and a Jew, and that his ailment was flatulence?"

The weaver replied, "'Tis well. Thou must know that we people of Persia are skilled in physiognomy, and I saw the woman to be rose-cheeked, blue-eyed and tall statured. These qualities belong not to the women of Rome; moreover I saw her burning with anxiety, so I knew that the patient was her husband. As for his strangerhood, I noted that the dress of the woman differed from that of the townsfolk, wherefore I knew that she was a foreigner; and in her hand I saw a yellow rag, which garred me wot that the sick man was a Jew and she a Jewess. Moreover she came to me on First Day; and 'tis the Jew's custom to take meat puddings and food that hath passed the night and eat them on the Saturday, their Sabbath, hot and cold, and they exceed in eating; wherefore flatulence and indigestion betide them. Thus I was directed and guessed that which thou hast heard."

Now when Galen heard this he ordered that the weaver be given the amount of his wife's dowry and bade her pay it to him and said to him, "Divorce her." Furthermore he forbade him from returning to the practice of Physic and warned him never again to take to wife a woman of rank higher than his own; and gave him his spending money and charged him to return to his proper craft."

Many centuries before Christ there were in Egypt, India and Greece men who had received a regular professional education. Egyptian physicians were held in great repute. Their positions were equal to that of the priests, and they were trained in schools associated with the temples. There were, however, undoubtedly at this time, many irregular practitioners who made extravagant claims, but who had no special training, who gave advice to people on the streets, and it is recorded that in Babylon about this time sick people were laid out in front of the houses where advice would be given very cheaply by the wandering healers of that time.

In the first century B. C. the Roman Empire recognized a regular course on instruction in the healing arts. The future doctor was required to have learned grammar, history, rhetoric, to be well acquainted in mathematics before entering in the study of medicine. By the side of this learned profession flourished a school of the so-called Methodist sect, which undertook to fashion cooks, spinners, cobblers or weavers into good doctors in six months. Pupils of this stamp could not even write or speak correctly.

During the middle ages in Arabia and also in Western Europe, the cult known as "Water Doctors" became very prominent. Of course, in the days before chemical tests were heard of, all sorts of fantastic notions prevailed as to the significance of different appearance of the urine, and thus a class of quacks grew up who made this their specialty.

A striking proof that even the most enlightened men with no special knowledge of medicine are easily decieved is to be found in Bishop Berkeley's belief in the virtues of tar water, a remedy very prominent about the middle of the Eighteenth Century. Berkeley expressed the belief that "tar water would mitigate and even prevent the small-pox and erysipelas, that nothing is so useful as this in cases of painful ulcers of the bowels, in consumptive coughs and ulcers of the lungs with expectoration of pus; that it cures asthma, dropsy and indigestion, the King's evil, all kinds of sores and the foulest disorders."

Goldsmith, writing about this time, says, "The advertising professors delight in cases of difficulty. Be the disorder never so desperate or radical, there will be found numbers in every street who by levelling a pill at the parts affected promise a certain cure without loss of time, knowledge of a bed-fellow or hindrance of business. The benevolence of the quacks is amazing. They not only in general give their medicines for half value, but use the most persuasive remonstrances to induce the sick to come and be cured."

(To Be Continued.)

Editorial

Canadian nurses, and, indeed, the nursing profession everywhere, rejoice with our American sisters in the appointment of Miss Goodrich as dean of the nursing school in connection with Yale University. With Miss Goodrich's personality, rich experience and high ideals for public service, this experiment in training school education should point the way for others. Surely it starts under the very best auspices. We may be forgiven if in Canada we look with envy on a school that can be started on a proper footing financially, due to the far-seeing vision and public spirit of a wealthy woman. We may, too, in Canada, soon be able to report some such sum placed at our disposal. That the present type of school, which brings only the care of the sick to the attention of the pupil nurse and does not emphasize the prevention of sickness and teach health education, is behind the times and must change, be it ever so slowly, impresses itself on us more and more. That it is the duty of the nurses themselves to bring this point to the attention of the public is also a self-evident point. We, as a profession, do not use our knowledge of the public needs, as well as the needs of our student nurses, as we should. We are apt to remain quiet and wait till the medical men or the public demand changes before we move or advocate any special alteration in our present education of student nurses. Health education—whether in the home, where the private duty nurse has first place, or in the ranks of those definitely known as public health nurses, prevention of sickness and better health for our people is, or should be, the very central point of all our nursing education.

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Quarterly Reports of the Provincial Associations.

Graduate Nurses' Association of Ontario.

January 1st to March 31st, 1923.—At the meeting held in January, one Alumnae Association (St. Joseph's Hospital, Sudbury) was accepted into membership.

At the February meeting the principal business was a discussion on the revision of the Constitution, a plan for which was decided upon to be presented at the annual meeting.

The annual meeting was held in Peterborough from April 5th to 7th. At this meeting the proposal for the revision of the Constitution was presented and accepted, and a committee appointed to continue this work. The revised Constitution is in accordance with the Act of Registration for Nurses in Ontario now in effect in the province.

A committee on the Curriculum for Standardization of Training Schools reported, and their suggestions brought forth interesting dis-

cussion. The Curriculum submitted, with several alterations, was accepted and a committee appointed to make a study of and plan a detailed standard curriculum for student nurses.

During this period the Department of the Provincial Secretary has appointed Miss MacPherson Dickson as Inspector of Training Schools, to make a survey of the training schools of the province.

April 1st to June 30th, 1923—Since the annual meeting, April 5th to 7th ulto., standing committees have been reorganized, and have formulated plans for the year's work.

The Private Duty Committee has completed arrangements for a refresher course for private duty nurses at the University of Toronto from August 6th-10th, inclusive.

Our Advisory Committee on a Minimum Standard Curriculum has had several meetings and is making progress towards the completion of this work.

(Signed) Beatrice Ellis, Reg. N.
Secretary-Treasurer, G.N.A.O.

The above reports were received at the national office and presented by the Executive Secretary to the members of the Executive Committee at a meeting held in Toronto on July 27th ulto.

These reports were received with appreciation by the members present, who expressed a wish that similar reports from all provincial associations be forwarded to the national office at the termination of each quarter of the calendar year so that the Executive Committee may be kept informed of the nursing progress in the various provincial associations.

* * * *

An impressive celebration of the birthday of Florence Nightingale was held on Mothers' Day, May 13th, in San Francisco, under the auspices of the Guild of St. Barnabas. A vesper service was held in Grace Cathedral, with Dean Gresham preaching the sermon. Over 700 nurses, men and women, marched in procession to the cathedral; walking two and two, they covered two city blocks. Six army nurses acted as ushers in the cathedral; the only Canadian nurse among them being Miss Nellie Waddington, graduate of the Vancouver General Hospital, who served during the war in the American Armp Corps, and is at present at the military hospital, Presidio, San Francisco. The sermon was a wonderful one, bringing out the true value of Miss Nightingale's life and work.

Editor's Note.—Readers of the August magazine must have noticed several errors in the articles printed. Through some mistake the magazine was set up before the final page proofs were submitted to the Editor for proof-reading. The regrets of both the Editor and the Publishers are expressed by this notice.

The World's Pulse

By Elizabeth Robinson Scovil

A Luxury Ship.

The new Cunard steamer *Franconnia* has a sports arena covering 5,000 square feet and extending upwards through two decks. It has a full-size squash ball court, a well-equipped gymnasium, and a swimming pool. On the top deck is a fully fitted press-room, where the Atlantic edition of the *Daily Mail* will be published.

Joan of Arc.

A statue of Joan of Arc has been placed in Winchester Cathedral, close to the chantry of Cardinal Beaufrot, who was one of her judges at the trial at Rouen, where she was sentenced to be burnt as a witch.

Prolonging Life.

Dr. Leonard Williams, a London physician, says man ought to live to 140. Vitamines are indispensible to life, and these are found in raw rather than in cooked food. Men should partake of meagre fare, fresh air and all kinds of raw food, dairy produce and salads. He thinks the cooking stove not the invention of the higher powers.

An Ancient Hospital.

St. Bartholemew's Hospital, London, has just celebrated the 800th anniversary of its founding. It has ministered continuously to the sick and needy, without fee, during all these years. It has served men from those wounded by Norman arrows to those stricken by Zepplin bombs. Rahere, the first prior and founder, provided accommodation of a very meagre kind for 100 persons. The hospital now has 687 beds, and needs more.

A Brave Woman Honored.

The gold medal of the Order of the Hospital of St. John of Jerusalem in England was awarded to Lilian Agnes Starr, in recognition of her bravery in assisting in the rescue of Miss Ellis, who was abducted by tribesmen from the British cantonment at Kohat, on the north-west frontier of India. She has already been awarded the Kaiser-I-Hind medal and bar for her brave action. She was the daughter of a missionary and the widow of a medical missionary.

Babies Born With Teeth.

A French surgeon has reported to the Medical Society of Bordeaux the birth of twin boys, one of whom was born with a full set of teeth, and the other cut a tooth when twelve days old. Only about fifty cases have been noted in medical reports. Richard III. of England and Louis XIV. of France were born with teeth; the latter had two at birth.

Airplane Safety.

An English inventor has submitted to the Air Ministry a device by which, within less than four seconds from the moment the pilot pulls a lever, the cabin containing the airship's passengers is freed from the machine and is parachute-borne in safety to the earth. Different types of parachutes are now being tested for war planes.

Lost Secrets.

It is said that an Italian manuscript, dated 1716, has recently been found in a library. It contained the secret of the Cremona varnish, used by Stradivarius, Guarnerius, and other famous violin makers. The manuscript also contained a recipe for dissolving amber and hard resins, a process which has been lost for two centuries.

Justice in the North.

A Canadian Mounted Police officer recently brought an Eskimo prisoner 700 miles by dog team, over Arctic trails, and 125 miles by Eskimo schooner, to be tried for the murder of two men, a Mounted Policeman and a white trader. When he was being brought in for trial the first time, he got the policeman's revolver, shot him through the heart, and escaped. In a similar trial held about three years ago, a judge of the Alberta courts, a Crown prosecutor, a stenographer, and the necessary attendants, made the 300-mile trip in six months

A Remedy for Tuberculosis.

A Swiss lawyer, Henry Spahlinger, living near Geneva, has spent twelve years of labor and his fortune of eighty thousand pounds attempting to perfect a serum for the relief of tuberculosis. He has six assistants, all of whom owe their lives to him, and a collection of monkeys and cows which have recovered from the last stages of emaciation. The latter are cared for by an Englishman, who was discharged from a hospital with one week to live. Years must elapse before the serum can be produced on a large scale.

A Zone of Silence.

It is proposed to pave a space of 1500 yards around the cenotaph to the soldiers of the war, in Whitehall, London, with rubber. The rubber will be given free of cost, and will effectively deaden the sound of traffic.

Palestine.

Sir Hubert Samuel, the British High Commissioner, cut the first sod of the new settlement of the Maccabean Society of British Jews, at Gezer, on the plain of Sharon.

A War Memorial.

An arch almost as large as the Arc de Triumphe, Paris, is to be erected across the Memin road, to commemorate the defence of Ypres. A British firm secured the contract in public competition. It will cost about £140,890.

News from the Medical World

By Elizabeth Robinson Scovil

The Cure of Syphilis.

The following conclusions are drawn in an interesting article in the *Journal of the American Medical Association*. There are no satisfactory criteria as to the cure of syphilis. Relapses may occur after a patient has remained without symptoms and shown a negative reaction to the Wasserman test for six or seven years. The results of treatment in early secondary syphilis are surprisingly good. In the vast majority of cases late syphilis cannot be cured. Syphilis is not a benign disease; many deaths are due to it, directly or indirectly.

Diabetes Millitus.

Carbohydrates, such as the starches, taken in the food, are converted into a simple sugar, such as glucose. These are absorbed by the intestine and carried to the liver, where much of it is stored as glycogen. The remainder is carried to the muscles and other tissues, where some of it is stored as glycogen and some of it is oxidized. Prior to these changes, glucose undergoes a change in chemical structure and passes from an inactive into an active form. In diabetes millitus it is probable that the sugar absorbed from the intestine is no longer properly changed into the active form, so it cannot be stored in the liver as glycogen or oxidized in the tissues, but circulated in increasing quantities in the blood and is excreted in the urine, becoming lost to the body as a source of energy. The store of glycogen is rapidly exhausted and protein is attacked. Owing to the absence of carbohydrates, there is incomplete combustion of fat, resulting in acidosis and coma. The symptoms are a voracious appetite, increase of sugar in the blood and in the urine.

Cancer Research.

A new movement is being inaugurated called the British Empire cancer campaign. The British Red Cross Society has placed its organization at the disposal of the council of the campaign. Investigation will be carried on along many lines and the results brought to a common stock of knowledge. At the Cancer Hospital, London, many experiments have been made on substances suspected of causing cancer. The fact that arsenic, tar and parafine can do this has been confirmed.

Sunlight.

New York received twice as much sunlight as London for every month in the year. In English cities 50 per cent. of the sunlight is obscured by smoke. In Pittsburgh, Pa., 40 per cent. is lost in the same way. The air must be cleaned as the water supply has been, and this can be done by preventing pollution.

Insulin.

It is this condition that insulin is destined to remedy. The extract is prepared from a part of the pancreas known as the islands of Langerhans. These contain a substance which lowers the blood sugar and diminishes, or prevents, the excretion of sugar in the urine. Its indiscriminate use is considered a real source of danger. Appropriate diet should be tried; if it is not effective, insulin should be resorted to. It is stated that approximately 75 per cent. of diabetics may be controlled by dietetic treatment.

Cause of Death in Electric Shock.

A writer in the *Lancet* says that deaths from electric shocks are due to a sensory stimulation causing paralysis of the respiratory centre. Artificial respiration should be used. In some cases death may be only apparent and real death follow from the lack of some means of carrying on the essential functions of the body.

Treatment of Spider Bite.

A hot water bath, as hot as can be borne, is recommended as by far the best method of treatment. It should be given three or four times in twenty-four hours; the bite itself being bathed in hot water much oftener.

Rickets.

An English committee has been studying in Vienna the cause of rickets, which has been especially prevalent there since the war, and has been under investigation by Austrian scientists. They decided that the disease is due to a diet poor in fat soluble vitamens and to lack of sunlight. They do not think it is an infectious disease. The utmost harmony prevailed between the British and Austrian scientists.

The Use of a Pillow.

A writer in a medical journal suggests placing a pillow between the end of the mattress and the foot of the bed after an abdominal operation, or in cases of prolonged confinement to bed. The patient pushes the feet against it, using it as a punching bag, and the exercise keeps the muscles of the legs from becoming flabby. When the patient is released from the bed he is able to walk fairly well, instead of wabbling.

A Quebec Grant.

The Quebec government has granted $500,000 to be expended in five years in an effort to reduce the death rate in tuberculosis and infantile diseases.

Acute Appendicitis.

A physician lays down three rules for the home treatment of persistent abdominal pain. Rest in bed, call a physician, and take no food or medicine by mouth. Mothers should not give castor oil for stomach ache, nor food when there is continued abdominal pain.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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Health Teaching in Elementary Schools

To quote from Terman: "The greatest problem of conservation relates not to forests or mines but to national vitality, and to conserve the latter we must begin by conserving the child. No other agency compares with the school in the opportunities offered for contributing to the health of the succeeding generation. We cannot legislate desirable habits of living into men and women, but we may be able to mould after our ideals the hygienic habits of the child."

What, then, are the aims and guiding principles of this new education in health?

The end to be aimed at is not information, but action; not simply a knowledge of what things are desirable, but rather the habitual practice of the rules of healthy living.

Health teaching is habit formation. The formation of a habit usually requires considerable repetition and a long period of time under the most favorable conditions. One of the most important discoveries in modern education is the comparative ease with which habits may be established when pleasure is involved. All learning should be as pleasurable as possible in order to get the facts fused with his emotional life.

and expressed in action. Also, constant repetition is necessary with young children. But, the mere repetition of words often has little to do with meaning. It is a fundamental principle that a thing takes on meaning through the reactions we make to it. Let us illustrate with teaching a child to drink milk. If we can associate the drinking of milk with many responses, and interesting, playful reactions, we shall not only get the right habit involved, but these habits will take on a deeper meaning with emotional coloring. The child who is not only told that he ought to drink milk, and why, but begins actually to drink milk, and then uses his creative fancy in making health rhymes about milk, singing songs, writing compositions, doing constructive work, with the drinking of milk as his central thought, begins to have an attitude, amounting to a conviction, that the drinking of milk is vitally important. These varied reactions take on an added significance in the child's life, when they are also coupled with the idea of regular gain in weight.

Thus, to approach the same health habits from different angles, thus avoiding monotony and insuring pleasurable and varied reactions, it is necessary to have the co-operation of all workers in the school system whose duties give them a share in the health programme, as well as correlation of other subjects on the curriculum with that of hygiene. None of the workers—the school doctor, the school nurse, the physical training teacher, the domestic science teacher, nor the regular grade teacher—is prepared to carry the whole programme, of which the ultimate aim is a sound mind in a sound body.

Every contact of the pupil with the school doctor, or nurse, should be of educational value to the pupil—whether he is before them for a complete physical examination, for a small cut on his finger, or simply for readmission. This is a valuable opportunity for much informal teaching.

In the class-room, by the teacher in her daily contact with the children, and the nurse in her periodic inspections, the health teaching is more formal. Inspections give the opportunity for individual as well as class instruction. With close co-operation between the teacher and school nurse, much may be accomplished. The fundamental health habits to be encouraged, or the Rules of the Health Game, are practically the same in all the grades—the mode of approach varying with the pupils' stage of development. The Toronto Department of Health publishes an outline of Health Talks to be used by the nurse or teachers in the schools—to be adapted to each grade according to the individuality of the nurse or grade teacher. It deals with talks on cleanliness, clothing, care of the teeth, diet, fresh air, sleep, posture, and communicable disease.

Both teachers and the school nurses have used attractive posters in presenting or to illustrate their lessons. The children love the pretty pictures and the rhyme. The subject may be further impressed by the pupils making posters themselves. These posters vary from the simple ones made in the kindergarten, where pictures illustrating simple things,

like drinking milk, eating fruit, cleaning teeth, are cut from magazines—to the more elaborate ones done in the art classes in the senior grades.

Rhymes, original and otherwise, may clothe pertinent health information. Sometimes, given the first line, the child is left to finish the verse.

Children love fairy stories, and these may often be used to impress health habits. Some books which we find helpful in this connection are: Jack O'Health and Peg O'Joy, Cho-Cho, The Health Fairy.

In the higher grades, stories of real people who have contributed to the health of the world appeal to the pupils, such as the story of Pasteur, Koch, Trudeau, and many others.

Health work may be closely correlated with language work. Children love to tell what they know. One class writes very interesting letters to the school nurse, telling her what they do in order to be healthy. One significant thing about them was the frequent use of the word "should." One should go to bed at eight o'clock, one should sleep with the windows open—leading us to suspect that not yet had knowledge been fused into action. In the senior grades, pupils might write essays on "clean milk" or "water supply" or "clean food."

The domestic science teacher has a splendid opportunity of making her subject vital by connecting it directly with health. At the same time, the same subject may be correlated with language and art work—the common beet, for example, being the subject in domestic science—also the subject of an essay—also of a pretty poster, perhaps to be used in the junior classes—with an accompanying rhyme:

If we eat Billy Beet,
He will taste nice and sweet.
or,
Charlie Beet likes to eat
Iron from the ground;
If we eat him, we shall be
Big and strong and sound.

In regard to instruction in diet in the junior grades, brightly colored pictures of vegetables from seed catalogues may be cut out and placed around the room. The children choosing the friends they like best and those they ought to learn to like. Votes may be taken to see which is the most popular. Also hot lunches—or one hot dish—brought from home and reheated or made at school, should be available for all children who cannot go home for lunch.

Some teachers have obtained splendid results in forming habits of cleanliness and neatness by regular inspection of pupils and giving marks for clean hands, face, and nails. This may be extended to include other health habits, such as going to bed at a proper hour, sleeping with windows open, drinking milk, eating vegetables. Just as drill is necessary in teaching fundamental subjects, so daily inspection is the drill work in the teaching of health habits. Inspection should be made frequently,

perhaps daily in the junior grades, and as often as may be necessary in the upper grades, so that habits will not lapse. The time required for inspection varies with the kind of homes the children come from and their previous training. Usually from 5 to 10 minutes are required. In the higher grades, as soon as possible, the responsibility of inspection may be given to the pupils who report results to the teacher.

In connection with cleanly habits, some teachers use a card on which is inscribed "We are clean," which is hung on the class-room door—or in some prominent place, similar to the "No Lates" sign common in many of our schools.

Credit for observance of health habits on the monthly report card of each child would help to put health on an equal footing with other subjects.

In the senior grades, a higher excellence in observance of health rules should be demanded, and class inspections made with less frequency and regularity. The occasional visit of the principal and commendation of clean hands, clean teeth, and good general appearance of the children would be a great help to the teacher and an inspiration to the children. Health habits should be fairly well acquired, but occasional inspections check possible lapses. The cultivation of out-door mindedness among the girls may succeed in making proper shoes and warm clothing fashionable. Here is where the physical director is a powerful factor in the health work of the school.

One of the most important methods used to stimulate interest in formation of health habits is the routine monthly weighing. Children who record this monthly gain on the class-room weight card cannot fail to see the connection between normal gain and an observance of the rules of health. They are more willing to go to bed on time, drink milk in preference to tea and coffee, and obey other health rules. They become intensely interested, and this gives added impetus to correction of defects which may hinder their proper development. Weighing affords a very concrete way of checking up the observance of health rules. If, in addition, to the giving of credit on the monthly report card for the observance of health rules, weight also, were recorded, it would be a more complete record of the child's physical condition, which is surely as important as his mental progress.

Distribution of milk in the schools is an effective way of demonstrating its value and making it popular, due to the group influence—even among those who declared they never could drink milk. In some schools, where 200 or more get milk, the teachers take full responsibility of this distribution, getting the number of pupils desirous of having milk and sending it to the principal, who does the ordering. Pupils are detailed to take charge of the distribution to the various rooms and pupils, each pupil receiving a half-pint bottle and a straw. Weighing pupils in connection with drinking milk helps to impress still further the relation of diet and growth.

The Junior Health League classes, or classes in infant hygiene for girls in Senior III. or Junior IV., is one means of teaching the importance of good care in infancy, if we are to have healthy children and adults—thus enlarging their viewpoint from personal health to civic and national health. The aim of these classes—as one small girl expressed it—is to produce healthy citizens and a healthier Toronto. The course consists of eight lessons taught by the school nurse. The majority of principals have consented to have the lessons taught in school hours, realizing their importance. At the conclusion of the course there is a written test, and the successful pupils receive a pin and a diploma. Many of the girls give their small brothers and sisters the benefit of what they have learned. In connection with this, one little girl was moved to write a little play, which she wished to have acted at the closing, when diplomas are presented.

Up to date there are no classes for boys corresponding to the Junior Health League classes for girls, in Toronto, though in one school some boys were so envious of the girls having special classes that they came to the principal's assistant with the request that special instruction be given to them also. The principal suggested classes in first aid work, but so far nothing has been done in that respect.

In connection with teaching health, we must not forget to mention the special classes for handicapped children, which enable them to conserve and improve what resources they possess, mental and physical, such as the forest schools, open air classes, lip-reading classes, industrial classes, and our cripple class.

Whoever the health teacher be—whether the school doctor, school nurse, or regular grade teacher—he or she must be thoroughly convinced that health is a vital matter, and be most enthusiastic in carrying out its principles—the preacher must practise what he preaches. "The great thing," says Edward Devine, "is an enthusiasm for health. One is very unlikely to have any genuine enthusiasm for a good which he himself is too indolent to work for. The ideally effective teacher of hygiene will be the teacher who literally enjoys good health, who willingly and religiously practises the health habits offered to the children, and who demonstrates in appearance, and by vigor and good nature, the beneficial effects of good health conduct."

B. A. Ross,
Department Public Health, Toronto.

Pioneer Public Health Nursing in Prince Edward Island

Two very interesting and very busy years have been spent in trying to introduce child welfare and public health nursing into the Island Province, commonly spoken of as "The Garden of the Gulf," or "The Million Acre Farm."

Prince Edward Island, which is crescent shaped, covers about 2200 square miles and has a scattered population of less than 100,000. As there is but one railway running the length of the island, transportation, of course, is a problem, especially in the bad weather. In the summer the island is one of the prettiest places imaginable, with its terra cotta coloured roads, bordered on both sides with huge birch and spruce trees. In motoring through the country, one is seldom out of sight of water, for bays and rivers break the coast line every few miles.

Charlottetown, which is a beautiful little city, is the seat of the Provincial Government. In fact all matters pertaining to the welfare of the island are settled here, for there are no municipalities or county councils to share the power.

The people are descendants of the fine old Scotch, English and French families that originally settled the island. On the whole they are unusually conservative, dignified and independent.

Two years ago, at the request of the Prince Edward Island Red Cross branch, the Canadian Red Cross sent me to put on a child welfare and public health nursing demonstration, hoping that at the end of a year the island government would be sufficiently impressed with the importance of the work to be willing to bear part of the financial burden, for it could never become a permanency otherwise.

I soon found that our problem was rather a unique one, for it was not alone a case of interesting a few important people and converting the members of the government. The people of the island, as a whole, would have to be sufficiently stirred up, so that they would demand that the government fianance the work and at the same time state their willingness to pay the extra tax. Imagine in these days trying to persuade people that they want another tax levied!

Last year not enough pressure was brought to bear, but we are hoping for better results this spring, as our annual report made the people realize more fully that the island could not afford to have the health work stop.

Until we started, no organized child welfare or public health work of any kind had been done, and very few thought that there was any need for it.

I soon saw that the only method of introduction into the homes would be through the children, so decided to start work in the schools in the larger centres, and at the same time to give talks to groups of people of all kinds.

The government provided the necessary permission for carrying on health work in the schools, and later passed an act to that effect.

While working on the school record-cards, etc., I made the rounds of the Charlottetown schools and gave class-room talks, explaining to the children why and how we were going to carry on health inspection so that they could take home the details to their parents. I soon learned

that, on the whole, the children were hard to interest, but splendid when they once decided to accept you and your ideas. Before long I had many staunch friends among them.

With the exception of a little volunteer help, I worked alone for three months, when I was joined by a second nurse, and in May, 1922, a third was added to the staff.

We have tried to make our school work as thorough as possible, rather than inspect a great number of schools.

In addition to the class-room talks on health habits, each child, after having been weighed and measured and having had his habits checked up on his record-card, was talked to individually by the nurse, who tried to inspire him according to his special needs. By the time this was finished, the children, instead of being frightened, as they were prepared to be, were keen for the final examination.

Practically every doctor on the island has helped with the examination of the school children in his vicinity, and several who were sceptical at first became very much interested before they had finished.

The parents were always invited to come to the schools while their children were being examined, or to come after school hours in order to have a talk with the nurse.

In every case explanatory slips were sent to the parents, stating whether defects found in their children were slight and could be corrected by home treatment, or whether the family physician should be seen.

The follow-up work in the homes has proved very satisfactory. Parents who would otherwise have paid little attention to the slips have, after a personal visit, been convinced of the importance of having the defects corrected and been willing to co-operate with the nurses by encouraging the children to improve their health habits.

Where the children needed to be operated on, or needed special treatment, and the parents were unable to pay, we have been able to make satisfactory arrangements with the hospitals or with the local doctors.

During the summer of 1921 the Red Cross office was opened one day a week for health conferences. We soon had to move into larger quarters and now have quite an active health centre. Although there is no organized nutrition clinic, last year we averaged 146 monthly visits from underweight school children of all classes, who came regularly to be weighed and measured and to have their health habits checked up. They were always elated if they found that they had not only made the average monthly gain, but that they were gradually making up what they were below standard, and immediately attributed it to their improved habits, especially to the tea given up, the increased amount of milk taken, or to extra hours of sleep in better ventilated rooms.

Although at present the greater part of our work is done among the school children, it is by no means confined to them alone.

As far as possible, we get in touch with and visit the homes of

infants, children of pre-school age and expectant mothers, also of tuberculosis patients, especially if there are children in the family. In 1922, 2300 home visits were made.

We have reason to be encouraged by the increased interest being shown in health matters, as indicated by the number of visits made to the health centre and to the different schools where the nurses are working. When making arrangements to visit a school, we let the district know that, after school hours, literature and advice will be given to any who come, especially to mothers who bring their babies and young children to be weighed. In the evenings public meetings are frequently held or the Women's Institute addressed. In this way we get in touch with people all over the island.

Both years many thousand people have been reached through the Red Cross public health booth at the provincial exhibition. The exhibit was very practical, and the demonstrations covered many phases of child welfare work. Each year over 600 girls, boys and babies were weighed and measured, and, in cases where the parents wished it, a thorough examination was made by one of the local doctors. During the three days doctors and dentists gave talks to the people, both collectively and individually, and health literature was distributed.

During the winter, when travelling in the country is impossible, more intensive work is done in the larger centres, especially among the older girls and young women. Our "Girls' Health Leagues" have proved very popular, and many of the existing girls' clubs have asked for talks and demonstrations on the "Care of the baby" and "Home nursing."

In order to make our work in the public schools more effective, we have given a yearly course of lectures and demonstrations to the students in the Normal School on "Health education." Already we are seeing good results, for these younger teachers are showing a much greater interest in the work.

During the last year the newspapers have been very helpful, and have printed any articles that we have provided. Two of them have given us spaces in their Saturday editions for the insertion of health literature.

Through the Superintendent of Education, who is keenly interested in our work among the school children, I was allowed to attend all the autumn conventions, in order to speak to the teachers on the subject of organizing Junior Red Cross branches in their schools. Where these branches have been formed we find a more lasting interest has been taken by the children in the rules of health, into which they have been already initiated during the school inspection.

There have been many times when we were very much discouraged, but the sustaining thought has always been that, although the immediate results seemed small, surely the next generation would benefit through these children.

A. E. MacMahon, R.N.

Extracts from Address given to the Canadian Nurses' Association, Montreal, May 1st, 1923

By Dr. J. A. Beaudouin, D.H.P., of Montreal.

Last year, on a similar occasion, I had the privilege of speaking of our provincial health organization and explaining the field of its activities.

This year we will examine briefly the most necessary co-operation of the nursing profession with the Provincial Bureau of Health, for the carrying out of its province-wide campaign against infant mortality and tuberculosis.

In this province, as everywhere else, the two main causes of death are infant mortality and tuberculosis. Out of an average annual total of 37,301 deaths, infant mortality and tuberculosis alone are responsible for 15,788, or 42.3 per cent.

Statistics bear out, further, that the number of deaths due to these two causes is not decreasing, but rather increasing, nearly at the same rate as the population. Therefore we can ask ourselves: Are these deaths preventable, and to what extent are they preventable?

There is not the slightest doubt that they are preventable to a great extent, because they have been largely reduced elsewhere.

1. Infant Mortality.—(*a*) The rate in the Province of Quebec for 1921 was 128, the highest rate in Canada, as well as the lowest in the history of the province. Compare this with the rates in other countries and the rates in Thetford Mines. (*b*) The causes of infant mortality were as follows: Gastro-enteritis, 40 per cent.; congenital debility, 28 per cent.; contagious diseases, 7 per cent.; diseases of the respiratory organs, 8 per cent.

All these causes can be reduced, therefore we cannot rest satisfied with the explanation put forward to excuse our high infant death rate and our high birth rate.

2. Tuberculosis.—The rate in the Province of Quebec for 1921 was 132, the lowest in the history of the province, and the second highest in Canada.

The experience of Framingham has proved that the rate can be reduced from 124 to 40, and even to a negligible figure.

The Canadian Tuberculosis Association has decided to establish a demonstration in Three Rivers and a survey in Victoriaville.

Policy of Our Provincial Government.

A great many deaths from these causes can be prevented; a great many lives can be saved.

How can this result be achieved? The means which experience has proved to be the best through its results is the health centre. The first

baby consultation was opened by Dr. Budin in Paris in 1892. Since then there are health centres scattered all over the world.

But the health centre needs two essential elements—the specialized doctor and the qualified public health nurse. Public health nursing in this province is a most promising career.

McGill University has started a special course in public health nursing. The University of Montreal, realizing the same necessity, is also organizing a similar course.

Therefore, with the co-operation of nurses properly trained, through these courses, we are safe in predicting most encouraging results. Inside of a few years we will repeat everywhere throughout the province the experience of New Zealand, the experience of Thetford Mines, the experience of Framingham. Give us your support, and we will save to our province at least 9,000 lives each year.

NEWS ITEMS

Nova Scotia.

The fourth class of nurses to be graduated from Dalhousie University (public health nursing course) received their diplomas from the hands of President MacKenzie on July 13th. The address was given by Dr. B. Franklin Royer, director of the course and executive officer of the Massachusetts-Halifax Health Commission. With this graduation, Dr. Royer and Miss Rose retire from their respective positions as director and assistant director of the course, and it is anticipated that this work will be done through the full-time chair of Public Health now so ably filled by Dr. Hattie, formerly Provincial Health Officer.

Six members of the class received displomas: Misses E. M. Cochrane, P. L. Chutem, J. I. Davidson, B. L. Gregory, E. W. Gorman and M. F. Scott. It is expected that these recent graduates will all join the public health nursing staff of the city and province shortly. The course in public health nursing has been made possible by the closest co-operation between the University medical teaching staff, the Red Cross Society, Nova Scotia branch, which annually contributes a certain number of scholarships, and the various public health and social service agencies of Halifax and Dartmouth.

New Brunswick.

Early in July the "Lady Byng day camp" for delicate children was opened by Her Excellency Lady Byng. This camp is situated on the banks of the Bay of Fundy, and is one of the activities in conjunction with the St. John Health Centre. On the day of opening, 24 children were benefiting by the opportunities such a camp offers.

The Provincial Department of Health has again been active in sending travelling clinics, this summer to areas in the Province lacking surgical and medical facilities. The personnel of the clinic includes an eye, ear, nose and throat specialist, as well as a dentist. Previous to the arrival of these specialists, cases requiring attention have all been carefully selected by the medical school inspector.

The provincial public health nurse is responsible for making all the preliminary preparations for the clinic, which includes organization of a volunteer group of women to help with the various clinics.

Alberta

Miss Ashe, head nurse of the Calgary branch, Victorian Order of Nurses, has returned from attending the summer course in public health held at the University of Washington, Seattle.

British Columbia

Miss Davidson has recently been appointed as follow-up social service nurse for the Government clinic, Vancouver.

Miss Beatrice F. Johnston, public health class, 1923, U. B. C., is in charge of the eye department, Vancouver General Hospital.

Miss D. G. McGregor, follow-up tubercular visitor S. C. R., for the upper country, has left the service. This branch of the work will be carried on by the head office, "J Unit," Vancouver.

England.

On July 5th, 1923, the students completing the Red Cross international course for public health nurses were presented with their certificates at Bedford College of Women, University of London. It is interesting to note that this class of 1922-23, numbering fourteen in all, included nurses from Austria, Czecho--Slovakia, Finland, Great Britain, Iceland, Latvia, New Zealand, Roumania, Liane and Spain.

A kindly deed is a little seed
That groweth all unseen;
And, lo, when none do look thereon,
Anew it springeth green.

Still may the future path your feet shall press,
E'en as the pathway that you yet have trod,
Be bright with joy the Master's smile to bless,
Be rich with mercy leading nearer God.

SOON SHALL THE WINTER'S FOIL BE HERE

Soon shall the winter's foil be here:
Soon shall these icy ligatures unbend and melt—a little while
And air, soil, wave, suffused shall be in softest bloom and growth—
A thousand forms shall rise
From these dead clods and chills as from low burial graves,
Thine eyes, ears—all thy best attributes—all that takes cognizance of natural beauty,
Shall wake and fill. Thou shalt perceive the simple shows, the delicate miracles of the earth—
Dandelions, clover, the emerald grass, the early scents and flowers,
The arbutus under foot, the willows yellow green, the blossoming plum and cherry.
With these the robin, lark and thrush singing their songs, the flitting bluebird;
For such the scenes the annual play brings on.

Walt Whitman.

Pupil Nurses' Department

The Student Christian Movement in Schools of Nursing

We wonder if nurses-in-training in our Canadian hospitals think of themselves as students. Why, of course, a nurse-in-training is just as much a student as any one of those attending our Canadian universities.

We hear of the Student Christian Movement of Canada, and of the large numbers of university students who have taken up this work in their respective colleges. Of its future success there can be no doubt.

Do the pupil nurses realize that in becoming affiliated with this cause they have the opportunity of meeting with many students of other schools, of exchanging ideas for school activities and school enthusiasm, and with it the cultivation of the higher ideals and ambitions so characteristic of these conferences?

A few training schools have been represented at the Toronto and Elgin House conferences, and some have carried on the work of the movement in their schools, some more and some less successfully. It would be interesting to hear from the other training schools what success, if any, it has had, and the students of the training school I represent would welcome, through the page of our magazine, the views of other hospitals, preferably those removed (as this one is) from university centres.

I, as a privileged past delegate to one of the conferences, realize how great would be the possibilities, if successfully organized in any given training school, and yet the difficulties loom up, probably because of inexperienced leadership—but, where better could we begin? Where receive more sympathy for shortcomings, and where better prepare ourselves for organized effort, both as graduate nurses and women citizens, than in our Alma Mater?

If it were realized that to have a successful organization within the training school, all the pupils must share, whether it be under the guidance of the Student Christian Movement, or merely a school unit, aiming at the development of religious, moral, and physical sides of the students' lives, would that not tend to broaden our outlook, make us less critical, happier, and in every way better prepared for our work as professional women after graduation?

I have not, of course, touched on student government. It is rather with a hope of gaining expression on social activities within the nurses' home that these views have been expressed.

E. E. Hulek,
Pupil Nurse, Hamilton General Hospital.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

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Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

ONTARIO

The nurses of the Toronto Central Registry are holding a bazaar on the 9th and 10th of November, 1923, in aid of the club house building fund. The committee in charge are anxious that this shall be a success, and hope each member of the registry will do her part towards this end. Miss Clara A. Brown, 86 Avenue Road, Toronto, is general convenor, and will be pleased to receive donations from any nurse interested, whether in or out of the city.

* * * *

BRITISH COLUMBIA

Thirty-three nurses registered for the Private Duty Nurses Institute, held for four days under the guidance of Miss Ethel I. Johns, of the University of British Columbia, July 24th to 27th inclusive. Illustrated lectures on the History of Nursing, general cultural lecture conferences with representatives of the medical profession, demonstration of practical nursing procedures at the Vancouver General Hospital, discussion of special private duty problems, lectures on the management of nervous patients, demonstration of the work of the occupational department of the Shaughnessy Military Hospital, with a demonstration of books of the University, made up a most interesting and instructive plan to help the private duty nurses of Vancouver and vicinity in their work.

TIME-SAVING THERMOMETER

A new thermometer has recently been developed which eliminates the necessity for shaking down the mercury. This thermometer is equipped with an especially designed case which automatically forces down the mercury in one whirl by means of a spiral movement. By this simple operation, which is easily accomplished, the thermometer is always ready when needed.—*The Trained Nurse.*

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Class Room Equipment and Facilities for Teaching

With the public recognition (Yale) of the need for primary nurse education and the phenomenal advance of nursing to the status of all professions, and the ever-widening application and need of that profession, has come a change of policy, due to the untiring effort and work of the heads of training schools, who, in spite of difficulties and discouragement, have, through this soon-to-be-forgotten effort, made the old training schools in deed as in word schools of nursing. The nurse-in-training has become a pupil or student of such school, whose hospital experience to her is only the application and fulfilment of her education. Because of this, the graduate nurse has probably a fuller preparation for her work than is true of any other profession. The student nurse of to-day is beginning to recognize this and so selects the school of nursing she wishes to attend as she would a university. Then, because of these demands, the class-room unit must be of first importance to such a school. This unit might comprise a lecture room, demonstration room, laboratories, reference library, and study rooms. The position and environment of this unit is of importance. Dark, poorly ventilated or improvised rooms, with their suggestion of depression and make-shift, do much to produce that frame of mind in the pupils, with all its attendant harm. The class-room unit may be in the hospital, and this association of theory with practice has much in its favor, but usually space does not permit of this arrangement, and too often such a unit is unequippel because of the nearness to supply source, and thus loses its identity. The unit may be a building by itself, which is in every way advisable, provided it is well equipped and easily accessible at all times by the pupils for reading and study, or, and it is most commonly so, this unit may be in the nurses' residence, occupying a part of the ground floor away from street noises. Whatever the position, these rooms should be together, a whole educational unit, and the principles of school room hygiene in force throughout. The rooms should have, above all, plenty of sunlight. The heating, indirect and sufficient lighting, facilities for ventilation and water supply, the color and unglazed finish of the walls and floors, sufficient blackboard space that does not reflect light, are points of no mean importance in stimulating interest and facilitating teaching. The rooms should be kept clean by the Housekeeping department, but their tidiness and general appearance does become a matter of pride with the pupils. They should be open for use at all times and their atmosphere one of thought, and

should not be used for daily recreational rooms. The lecture room is the largest, with sufficient seating capacity for all the pupils of the school or any large group of people, e.g., the Medical Society, for rooms of this type should be used as often as possible for any educational subject. This emphasises the pupils' work and brings its educational value to the attention of others not specially interested. If space does not permit of a large room, the ability to utilize two rooms for this purpose is helpful. The equipment should be simple or plain. The desk chairs comfortable and placed sufficiently far from the blackboard to be neither tiring nor a strain—and should be provided with silencers and an underneath shelf for unneeded books or material. A sufficiently large table in front, to permit of any small demonstrations, is good. A drawer in this table, provided with scissors, forceps, towels, paper bags, chalk, etc., has been found helpful. Above the blackboard may be placed hooks for models, the chart rack and brackets for the lantern screen. Even if the school does not possess a lantern-provision, as a floor socket, dark shades should be made so that any attractive educational film may be brought to the pupils. The mannikin, skeleton, models of any kind, are kept in this room and accessible for study to the pupils, but there should be a place for such material, as it is a mistake to leave unused material in front of the class, usually standing at different angles and distracting their attention. The same is true of pictures. No part of the School of Nursing is more important than the demonstration room, since in it, more than anywhere else, all the science subjects and ward experience are given nursing application and meaning. It should be attractive and sunny and kept scrupulously clean and sufficiently large to hold beds and cots for practice, in proportion to the size of the classes. All practice should be done under supervision, perfection of detail; careful observation should mark such teaching and work always. Its equipment should be unrestricted, but must not exceed in value the equipment found in any hospital department. All necessary instruments, rubber, enamel or glass material, drugs, etc., for any general nursing procedure should be found in this room. Glass-doored cupboards along the sides bring such material to the constant attention of the pupil and make this room a laboratory of nursing. It is essential that this room be well equipped, its worth being time saved the instructress or pupil in carrying and checking material from the various departments of the hospital. Such method is irksome, and too often the path of least resistance is easier and no demonstration of some nursing point is given at all. The distribution of material is a matter of individual thought of the instructress, and she should have freedom to plan and organize this room as she thinks best. This absolute responsibility, with sufficient time for preparation, usually brings out individuality and thought and tends to produce, through interest, good improvised material for that which cannot be obtained at the moment. In connection with this room, there should be a utility room, provided with water, sink and drain-board, electric stove, sterilizer, etc., an equipped maid's cupboard and a large table with chairs, which may serve many purposes.

If this is not possible, then running water and an electric stove, which is essential to teaching, must be in the demonstrating room itself.

That the student nurse may have a good basis for building up the theory of nursing, such sciences as chemistry and physics are reviewed and taught early in the course. More than that, these subjects must develop observation and power to reason from knowledge. These objects cannot be attained, especially when the student body is made up of such varied educational advantages or experiences, unless the schools of nursing provide or have free access to laboratories, which can take care of individual experiments and observation and, which is most essential, can provide the necessary time for such work. No amount of time or effort on the part of the lecturer can produce such good results or take the place of this. If the laboratory is part of the educational unit and this is ideal, then it can be equipped and used for such subjects as chemistry, bacteriology, physiology, materia medica, and possibly some dietetics, thus making it, under trained direction, a very well-used and much needed room and its asset to teaching very apparent. Completing this class-room unit is the reference library and study room, which may be one room. This is best in connection with the lecture room. It may not necessarily be a large room, but to be one by itself with its own definite purpose is enough. Its equipment must be ever replenished and watched, and the pupils must feel that this room is theirs. The quiet of all libraries should be preserved in this room. The instructresses may have a desk here and, when one is present, the pupils led to realize that discussions, questions of work or assistance may be given. The study tables could be provided with shaded desk lights. A bulletin board for schedules, notices, suggested readings or charts, is helpful. Instructive pamphlets may be left for reading and free access to the book shelves permitted. Whatever part or addition to such an educational unit a school of nursing may possess, some few things are essential to its successful administration and to facilitate its teaching. The equipment in all branches, but especially in the nursing part, should be sufficient to serve all teaching purposes and for student practice. There should be a willing co-operation between all other departments of the hospital and this one in providing the means of application, fresh laboratory material and any illustrative lecture material needed. Co-operation of the administrative nursing staff is specially helpful and necessary. There should be a budget, however small, set aside for replenishing and adding to equipment, thus making the educational side of nursing a matter of hospital responsibility in the minds of its Board of Directors. Time changes method and material in this as in other things, and the inability to obtain or have necessary equipment is one great drawback to teaching in schools of nursing. To make all student work of worth and interest to the pupil, sufficient time should be allowed for reading and follow-up work. This makes class time of the greatest value to both teacher and pupil. This is important to the instructress, who, through repeated unsuccessful attempts to interest physically tired pupils, gradually loses

interest herself. The instructress must be allowed time for preparation of work, and, if necessary, for individual attention to the lagging pupils. She should not have too many subjects to teach, and should be allowed time and opportunity to treat the subject she teaches fully and satisfactorily, time to study new methods or treatments, which, if not demonstrated and discussed in the lecture room, in conjunction with use in the hospital, destroys the fine co-operation there should be between these two necessary parts of the student nurses' education.

E. Nora Nagle,
Instructor, Hamilton General Hospital.

(Read at the C. A. N. E. Convention, Toronto, June, 1923.)

KISSING THE ROD

O heart of mine, we shouldn't
Worry so!
What we've missed of calm we couldn't
Have, you know!
What we've met of stormy pain,
And of sorrow's driving rain,
We can better meet again
If it blow!

We have erred in that dark hour
We have known,
When our tears fell with the shower
All alone!
Were not shine and shower blent
As the gracious Master ment?
Let us temper our content
With His own.

For, we know, not every morrow
Can be sad;
So, forgetting all the sorrow
We have had,
Let us fold away our fears,
And put by our foolish tears,
And through all the coming years
Just be glad.

James Whitcomb Riley.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss McCuaig (1923), is in charge of the Kiwannis Hospital at Shawbridge, Que.

Miss Gladys Young (1920) is on the staff of the Victorian Order in Montreal.

Miss Miriam Gray (1918) has a provisional appointment at the Q. A. I. M. N. S. Quarters at the Royal Rupert Hospital, Morton Hill Road, Woolwich, Kent, England.

Misses Boa, Batson, Denovan and L. McLead have been on duty on the steamer Cape Eternity on her weekly Saguenay trip.

Miss Charlotte McNaughton (1923) graduate in Public Health at the University of British Columbia, has a position with the Family Welfare Department in Montreal.

The engagement is announced of Adeline Waddell, daughter of Mrs. A. D. MacTier, to Mr. Donald Alexander White, son of the late Lieut.-Colonel Frederick White and Mrs. White, of Ottawa.

Miss Caroline Davie (1920) has returned to private duty in Montreal.

Western Hospital, Montreal

The many friends of Miss Jane Craig, R. N., Superintendent of the Western Hospital, Montreal, will be pleased to hear of her convalescence after a serious operation.

Miss Hazel Kerr, R. N., has accepted the position of supervisor at the girls' camp in the White Mountains.

Mrs. J. Pollock has been appointed convenor for the bazaar to be held in the autumn in aid of the Montreal Graduate Nurses' Club.

We want new subscribers for the Canadian Nurse and Hospital Review. Send your name, address and $2.00 to Miss C. I. Nixon, R. N., 330 Orchard Avenue, Montreal, and it will be forwarded to the magazine office.

Jeffery Hales' Hospital, Quebec

Miss May Lunan has been appointed to the staff of the Jeffery Hales' Hospital.

* * * *

ONTARIO

St. Michael's Hospital, Toronto

Thirty-one nurses received diplomas at the recent commencement exercises held at the nurses' residence. Dr. G. Silberthorn presided, and addresses were given by several physicians and Rev. Father Cline. Miss Dorothy James was awarded the scholarship, presented by the Women's Auxiliary for highest standing in the final year's examinations, and which provides for a public health course at the University of Toronto.

Toronto General Hospital

The graduation exercises of the 1923 class, which was composed of 84 nurses, was held on May 31st, in the convocation hall of the University. C. S. Blackwell, Esq., chairman of the Board of Trustees, presided. The report of the school was read by Miss Jean Gunn, superintendent of nurses.

Western Hospital, Toronto

Miss Johnston (T. W. H., 1921), has returned from Lethbridge, Alta., and has been appointed night supervisor at the T. W. H.

Hospital for Sick Children, Toronto

Miss Alice Grindley (1915), is in charge of the Lakeside Home for the summer, and Miss Jennie Hill (1909) is supervising the Heather Club at the Lakeside Home.

Miss Mamie Dennison (1917) has been appointed Night Supervisor at the Hospital for Sick Children.

Miss Minty (1919) has accepted a position at the Rainbow Hospital, Cleveland, O.

Ottawa General Protestant Hospital.

The graduation exercises for the 1923 class were held on May 16th, when 31 nurses received diplomas. Addresses were given by the Arhcbishop, Monsigneur Emard, of Ottawa, and Dr. J. L. Chabot, president of the medical board. The following composed the class: Sister St. Armele, Misses G. Briand, H. Brownrigg, K. St. Denys, A. Proulx, B. Renaud, L. Laflamme, T. Gorman, L. Beauchamp, M. Williams, M. Collins, J. Robert, G. Clarke, E. Hibert, I. Hibert, L. Danis, P. Carruthers, E. Poitras, L. Dube, E. Beaulieu, M. O'Brien, Y. Auger, G. Costello, S. Villeneuve, A. Poitras, M. Galvin, E. Parrot, A. Pinard, Sisters M. Alban, L. Armand and Mrs. M. Duff. Three medals for excellency, given by the Sister Superior, were won by Misses G. Clark, P. Carruthers and M. Collins, and a nurses' kit, donated by the O. G. H. A. A. for practical work done in the wards, was won by Miss Y. Auger.

Hamilton General Hospital

Miss Edith Davidson has resigned her position as charge nurse on Q. A. VIII.

Misses Thorpe and Swayne have been taken on the staff of the H. G. H.

Misses Ashbaugh and Still have been added to the staff of the Public Health Nurses.

Bellville General Hospital

The graduation of the 1923 class of the hospital was held on June 28th on the hospital lawn, and was largely attended. The chairman, Mr. H. F. Ketcheson, opened the proceedings with a short address, after which the diplomas were presented by Mrs. W. C. Mikel, president of the W. C. A., to Miss F. S. Hanna, O. E. Bradshaw, E. R. Seeney, E. H. Trensar, L. E. Davidson, N. E. Fletcher and A. E. Jones. A most delightful address was then given by Dr. Austin, followed by one from Dr. Cronk. Special prizes were then given, Miss Flossie Hannah obtaining one for general proficiency during her three years' training. A delightful musical programme was much appreciated by the audience.

The graduate nurses of Belleville hald a most successful garden party recently to raise funds to furnish a room in the hospital. By their efforts, about $200.00 was realized for this purpose. Friends of the nurses provided a most excellent musical programme, and the dancing, fortune telling and refreshments all had attention from those fortunate enough to be present.

Wellesley Hospital, Toronto

Sir William Mulock, president of the Hospital Board, presided at the graduation exercises of Wellesley Hospital, when 18 students obtained diplomas and badges, which were presented by Mrs. H. D. Warren. Mrs. Sidney Small addressed the class. Scholarships for general proficiency were given to Miss Eileen Harrison and Miss Ruth Jackson. The Herbert A. Bruce scholarship for proficiency in operating room technique was awarded to Miss Eleanor Hinch.

* * * *

BRITISH COLUMBIA

Vancouver

Misses Dorothy Webster, Lillian Clarke and Constance Milne are on the staff of St. Luke's Hospital, Powell River, B. C. All are graduates of the Vancouver General Hospital.

Miss Dorothy Jolliffe (Vancouver General Hospital, 1920)), has been promoted to the position of head nurse of the operating room, Golden State Hospital, Los Angeles.

Miss Jean McDougall (V. G. H., 1921), has accepted a position as head of the operating room department, Burnette Sanitarium, Fresno, Calif.

Miss N. C. Reid (Vancouver General Hospital, 1921), recently resigned her position as superintendent of the General Hospital, Hoquiam, Wash., and has gone to China, where she has accepted a position with the Rockefeller Institute, at the Union Medical College, Peking.

Miss Jessie Morrice, R. N., (General Hospital, Toledo), late superintendent of nurses, Tranquille Sanitarium, Tranquille, B. C., has been appointed superintendent of the Chilliwack General Hospital, Chilliwack, B. C.

Miss Charlotte Black, R. N., has resigned her position as superintendent of Prince Rupert General Hospital owing to ill-health, and Miss M. E. McCaul (Vancouver General Hospital) has been appointed in her stead.

BIRTHS

Beesley—At Tuxford, Sask., on June 8th, 1923, to Mr. and Mrs. W. D. Beesley, Delbeck, Sask., (Lucy Elliott, Regina General Hospital, 1919), a daughter, (Marion Elaine).

Crickard—At New Westminster, B. C., to Mr. and Mrs. F. W. Crickard, (Carrie M. Robson, Vancouver General Hospital and C. A. M. C.), a daughter.

Hicks—At the Oshawa, Ont., Hospital, on July 10th, 1923, to Mr. and Mrs. A. T. Hicks (Ruby Creighton, Toronto Western Hospital, 1918), a son (Robert Laing).

Marlatt—At Neville, Sask., on June 27th, 1923, to Dr. and Mrs. Marlatt (Irene Gray, Montreal General Hospital, 1918), a son (Charles Albert).

McCrea—At the Montreal Maternity Hospital, July 10th, 1923, to Mr. and Mrs. McCrea (Dorothy Bruce, Montreal General Hospital, 1920), a daughter.

Roney—At Toronto recently, to Mr. and Mrs. Roney (Catherine Cameron, Hospital for Sick Children, Toronto, 1910), a daughter.

Shinbein—At Vancouver, B. C., on August 4th, 1923, to Dr. and Mrs. A. B. Shinbein (Ethel Grace Hodgins, Grace Hospital, Toronto), a son.

Stanley—Recently, at the Salvation Army Hospital, Ottawa, Ont., to Mr. and Mrs. J. V. Stanley (Catherine Hurley, Ottawa General Hospital, 1910), a son.

Watt—Recently, to Mr. and Mrs. James Watt (Miss Mosher, Public Health Class, University of British Columbia, 1922), a son.

MARRIAGES

Brisbane-Church—At Toronto, Ont., on June 29th, 1923, Gertrude Church (Hamilton General Hospital), to Mr. M. M. Brisbane, of Hamilton, Ont.

Coons-Dell—On April 21st, 1923, by Rev. Canon L. W. B. Broughall, Hazel May Dell, daughter of Mr. and Mrs. J. G. Dell, of Port Dalhousie, Ont., to Arthur D. Coons, son of the late Capt. C. E. and Mrs. Coons, of St. Catharines, Ont.

Foster-Davies—At Vancouver, B. C., on August 6th, 1923, at St. Mark's Church, Emma Davies (Vancouver General Hospital, 1918), to Mr. H. G. Foster, of Arlington, Wash.

Harrington-Jones—The marriage took place recently in Montreal, Que., of Miss Lillian Jones (Jeffery Hale's Hospital, Quebec City, 1920), to Rev. George Harrington, of Daneville, Que. Mr. and Mrs. Harrington have gone to live in Labrador.

Horsman-Maw—At the residence of the bride's sister, 199 Selby Avenue, Westmount, Montreal, Gertrude Maw (Western General Hospital, Montreal, 1910), to Mr. C. E. Horsman, of Moncton, N. B. They will reside in Manila, Philippines Islands.

Hull-Raphael—At First United Presbyterian Church, Los Angeles, Calif., by the Rev. W. E. McCulloch, July 28th, 1923, Louise Raphael (Vancouver General Hospital, 1920), to Mr. J. Spurgeon Hull. They will reside at Avalon, Catalina Island, California.

Lee-Gill—At St. Catharines, Ont., on August 9th, 1923, Caroline Dorothy Gill (Hamilton General Hospital, 1917), to Mr. Arthur Stanley Lee, of St. Catharines.

MacLeod-Ross—At Charlottetown, P. E. I., in August, 1923, Myrtle Ross (Royal Victoria Hospital, 1919), to Mr. John MacLeod, of Stellarton, N. S.

Ogden-Daniel—At Wesley's Chapel, London, England, on July 11th, 1923, by the Rev. Mr. Armstrong, Gertrude Daniel (Toronto Western Hospital, 1919), to Charles E. Ogden, of Toronto. They will reside in England.

Philpot-Haggart—At Nanaimo, B. C., on July 21st, 1923, by the Rev. S. Ryall, at St. Paul's Church, Dorothy Haggart, R. N., (Nanaimo General Hospital, 1923), to William Ernest Philpot.

Prenter-Griffin—At St. John's Church, Vancouver, B. C., on August 7th, 1923, Phyllis Agnes Griffin (Vancouver General Hospital), to Mr. Reginald Vicars Prenter, M. C.

Rose-Sanderson—In San Francisco, on July 26th, 1923, at the First Presbyterian Church, by Rev. Dr. Hogarth, Beatrice Sanderson, R. N., (Royal Victoria Hospital, Montreal), to Mr. Henry K. Rose, second son of Mrs. W. M. Rose, of Vancouver, B. C. They will reside in Los Angeles.

Sievenpiper-Morrison—At the home of the bride's sister, Mrs. A. V. Robins, Talton Place, Vancouver, B. C., on August 11th, 1923, Alma R. Morrison, R. N., (Vancouver General Hospital, 1920), to Dr. S. H. Sievenpiper, of Vancouver.

Tretheway-Horler—At the Kitsilano Methodist Church, Vancouver, B. C., on July 30th, 1923, by Rev. W. Vance, Flora Horler (Royal Columbian Hospital, New Westminster, B. C., to Mr. Leslie Tretheway, of Abbotsford, B. C.

DEATHS

Edwards—At Pembroke, Ont., on May 2nd, 1923, Mrs. Edwards (Nursing Sister Turcotte, graduate of Ottawa General Hospital, 1906).

SOONER OR LATER

We may blind ourselves to our own real purposes, and refuse to recognize our motives or to accept responsibility for our influence, but this is possible only for a time. Sooner or later, at some turn of the road, we are bound to come face to face with ourselves.

Give us, oh, give us the man who sings at his work. Be his occupation what it may, he is equal to any of those who follow the same pursuit in silent sullenness. He does more in the same time—he will do it better—he will persevere longer.

Even the thought of a true friend will often make us strong to resist temptation, and brave enough to apply ourselves with new zeal and energy to the tasks before us.

POSITIONS OPEN

Bellevue Hospital offers to graduate nurses $85.00 per month, with maintenance, for night duty.

Address General Superintendent of Training Schools, Bellevue Hospital, New York City.

POSITIONS OPEN

Wanted—Graduate nurses for general duty in new obstetrical pavilion. Salary, $80.00 (eighty dollars), and complete maintenance.

Address, Principal, Hartford Hospital, Hartford, Connecticut.

WANTED

Two general duty nurses; bed capacity, 100; public; Ohio city location. Salary, $85 for day, $90 for night duty. No. 112 F. Azone's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Night nurse, general floor, by September 1st; bed capacity 14; Ohio location. Salary, $90, full maintenance. No. 111 F, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Nurses considering coming to New York for fall and winter months will find a very desirable home at 106 W. 61st St., New York City. This home is under new management. For particulars, apply

J. M. CODY, R. N.,
106 W. 61st St., New York, N. Y.

HAY FEVER AND BRONCHIAL ASTHMA ARE CURABLE

What hope of relief is medicine able to offer for hay fever and bronchial asthma, and where can the new treatment be tried? These are the first questions, and perhaps the only ones, in the minds of most sufferers from these afflictions. If the attacks are seasonal, whether they take the form of hay fever or of asthma, the chances of relief under proper treatment are much better than if they occur at irregular intervals throughout the year. About eighty-five per cent. of all those suffering from seasonal hay fever and asthma can either be rendered quite free from symptoms, or be made relatively comfortable by the new treatment. The less fortunate remaining fifteen per cent. must wait until some organization is enabled, by philanthropic aid, to collect adequate samples of all the air-borne pollens produced in your district.—ARTHUR F. COCA, M.D., in *The Health Builder* for March.

DIPLOMA OF PUBLIC HEALTH (D.P.H.); CERTIFICATE OF PUBLIC HEALTH NURSE (C.P.H.N.).

Faculty of Public Health

University of Western Ontario

LONDON, Canada

Standard professional post-graduate courses for physicians (D.P.H.); for nurses (C.P.H.N.). Applicants for Victorian Order Nurse positions must show latter course or equivalent. Scholarships available from Victorian Order of Nurses and from the Red Cross.

Apply to the Dean, H. W. HILL, M.D., D.P.H., L.M.C.C., or to the Director, MISS M. E. MCDERMID, R.N.

The Pennsylvania Hospital

Mental and Nervous Diseases

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PHILADELPHIA, Pa.

Offers a four months' post-graduate course in PSYCHIATRIC NURSING, including opportunities afforded by large Neuro-Psychiatric Clinic. Allowance of $30.00 per month and maintenance.

For information, write Superintendent of Nurses.

Graduate Nurses' Association of British Columbia

An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training schools of the Province, on Wednesday, Thursday and Friday, Nov. 7th, 8th and 9th, 1923.

Names of candidates writing must be in the office of the Registrar no later than October 5th, 1923.

Full instructions to candidates may be obtained from the Registrar or at the hospitals where examinations are to be held.

HELEN RANDAL, R. N.,
125 Vancouver Block,
Vancouver, B. C.,
Registrar.

HONORS FOR CANADIAN ARMY NURSES

Among the decorations and medals awarded by the Allied powers to the British forces who served in the Great War are the following: Medaille des Epidemies, En Vermeil: Nursing Sister L. Baron, No. 8 Canadian General Hospital, Canadian Army Medical Corps. En Argent: Nursing Sisters C. Bryant, E. M. Drysdale, M. S. Fenton, S. E. Genders, K. Guerin, E. V. J. Hill, G. I. G. Johnstone, A. R. R. C., E. C. Letellier, C. M. MacDonell, A. Morning-Duffey, W. D. Schurman, C. R. Shea, and F. Telford, all attached to No. 6 Canadian General Hospital, Canadian Army Medical Corps; and Nursing Sister A. Cloutier, No. 8 Canadian General Hospital, Canadian Army Medical Corps.

THE MUNICIPAL HOSPITALS
— FOR —
COMMUNICABLE DISEASES
(330 Beds)
WINNIPEG - - MANITOBA

Post-Graduate Course

A three months' course in modern methods of caring for communicable diseases is offered to graduates of approved schools for nurses.

The course comprises lectures and classroom instruction (55 hours), laboratory technic, clinics, demonstrations, and practical work in wards.

A diploma is given on satisfactory completion of the course.

An allowance of $25.00 a month and full maintenance is given.

Hours on wards—48 hours weekly.

A modern nurses' residence affords comfortable living, and opportunities for a happy social life.

An affiliation course is also open to approved Training Schools.

For further information, apply to Miss Robertson, Superintendent of Nurses.

Graduate Course
— IN —
Psychiatric Nursing

The Society of the New York Hospital offers, at Bloomingdale Hospital, to graduates of registered schools of nursing, a six-months' course in the nursing of nervous and mental disorders.

The course is especially designed for nurses who are preparing for general nursing, executive positions and public health work, and consists of lectures, classroom instruction, and supervised practical work. Included in the course is some instruction and practise in occupational and physical therapy. A Certificate is issued to those who satisfactorily complete the course.

Board, lodging and laundry are furnished by the Hospital, and an allowance of $25.00 per month.

For circular and further information, address

BLOOMINGDALE HOSPITAL,
White Plains, N. Y.

Post Graduate Training School for Nurses

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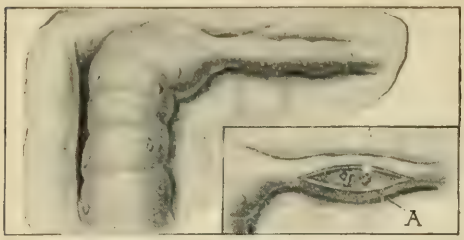
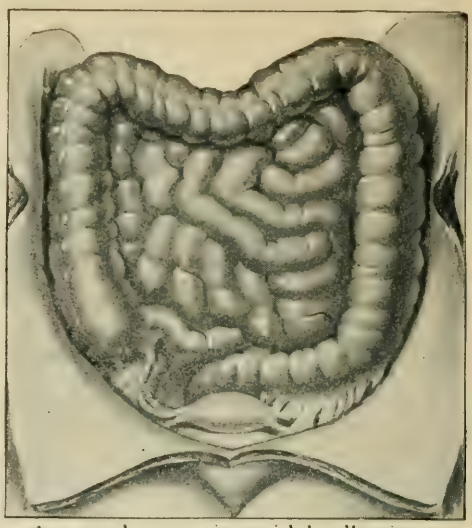


Spastic bowel; *(a)* showing ulcerations

Dyschezia due to fecal impaction



Atony due to sigmoidal adhesions

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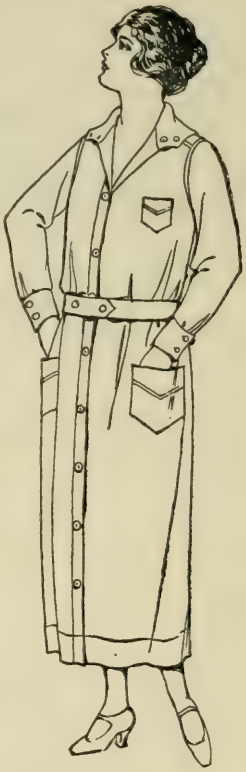

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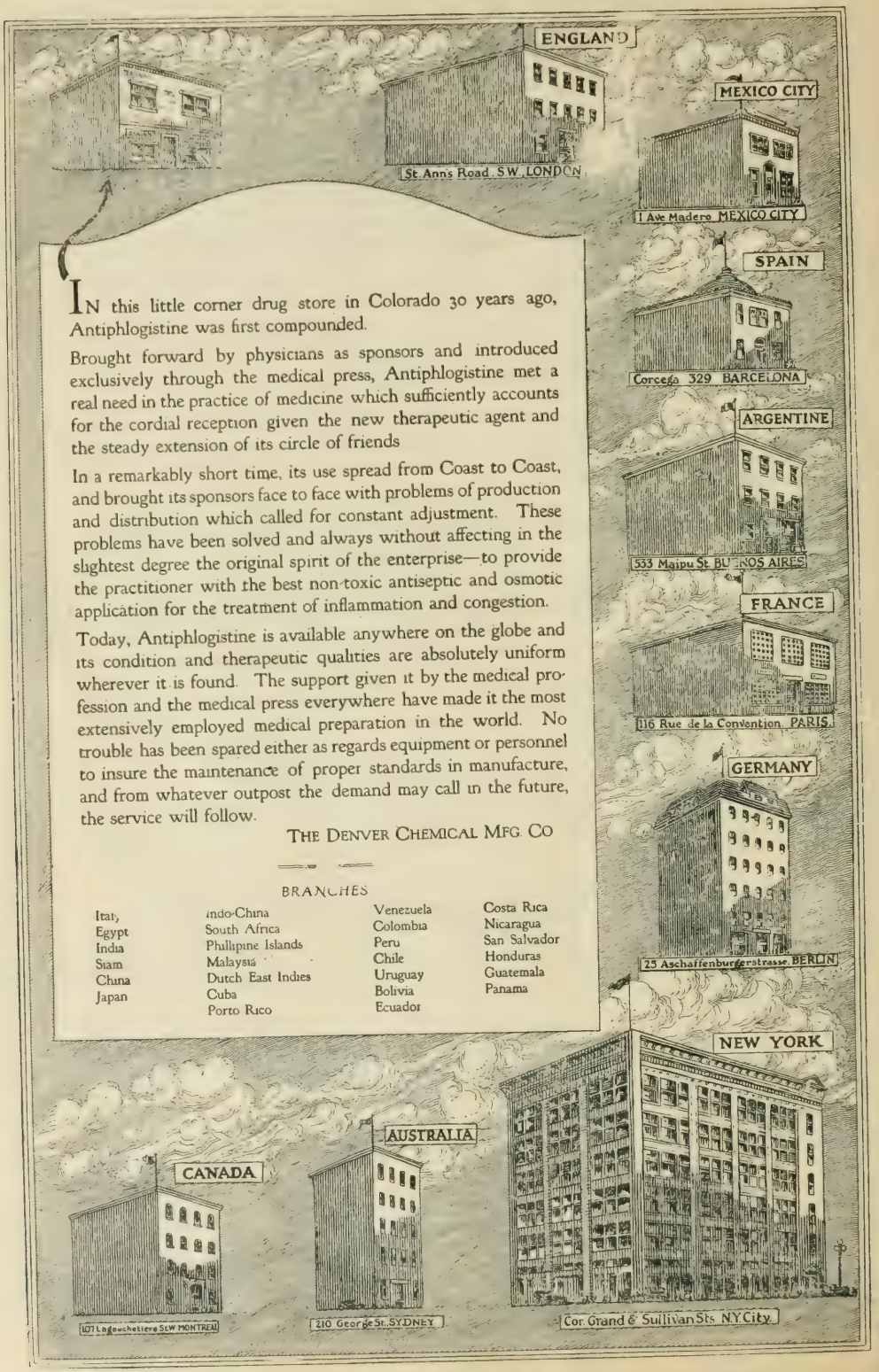

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WILLIAM PENN.

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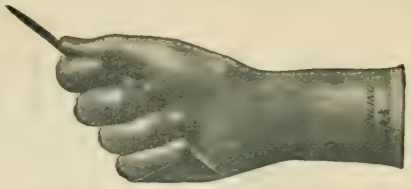

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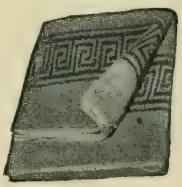

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Infantile Paralysis (Anterior Poliomyele—Encephalitis)

Address by DR. R. B. DEANE, Orthopædic Surgeon, Calgary, to the Calgary Association of Graduate Nurses.

This is an acute infectious disease due to a specific micro-organism, in which, although accompanied in most cases by paralysis, the paralysis is but incidental and not essential. While the liver, spleen and lymphatic glands show changes, the result of the inflammation, the germ shows its effects mainly in the production of inflammation, of the cerebro-spinal membranes, brain and spinal cord. The nerve cells of the spinal cord suffer most as a rule, but the posterior root ganglia are also involved.

What happens is, the germ is carried by the blood stream to the brain and cord; this, by exciting inflammation, causes hyperaemia, and

around the blood vessels quantities of small, round cells form. The tissues themselves react by cell proliferation, and, as a result of both processes, Oedema takes place. This causes compression of the spinal cord grey matter, which results in a number of nerve cells being so pressed upon that they are destroyed entirely, others injured so badly that their function is impaired, while others again recover perfectly. This destruction of tissue by pressure is followed by fibres of the gray matter to a greater or less extent, so that, depending on the amount of this fibrous tissue, the grey matter becomes shrunken and atrophic. In addition to the above pressure effects, it is possible that the germ excretes a toxin which may have a directly poisonous action on the nerve cells.

Infectivity. While the virus may live for weeks or months in the nasal mucosa, it only survives a few days in the spinal tissue and disappears from the spinal fluid before the paralytic symptoms appear. No age is immune, but the disease is much more common in children. The germ enters the body by the nasal and intestinal mucosa.

Symptoms. In the great majority of cases there is nothing distinctive about the onset, which begins following an incubation period of about a week, during which no symptoms are seen. Common signs are vomiting and convulsions; in others respiratory symptoms attract attention. Stiffness of the neck, sweating, nervous irritability and general hyperaesthesia are sometimes present before the onset of the paralysis, but in all cases there is fever, which reaches its height on the third day, and is accompanied, usually, by much pain and tenderness of the spine, and generally at this stage muscular paralysis is noted. The tenderness may vary from slight sensitiveness on pressure to a condition of exquisite tenderness to touch, jar or movement. The affected muscles and the spine are generally involved, although on occasion there may be wide radiation. Tenderness has been observed for as long as sixteen weeks, but the average duration is six weeks, but it can be prolonged almost indefinitely by massage, active movements given too early, osteopathy, chiropractic treatment, and other forms of manipulation, and its persistence over three months is most likely explained in this way. This exceedingly important symptom of tenderness exists in nearly all cases and is one of the chief guides to diagnosis and treatment. The blood shows a lymphocytosis and, most important, the spinal fluid increase of cells, so that in any suspected case a lumbar puncture should be done.

There are many types of the disease, e.g., the common spinal type, Landry's ascending paralysis, Bulbar paralysis, acute inflammation of the cerebral cortex, a meningeal form, etc., in fact the brunt of the disease may fall on different parts of the nervous system and so cause varying symptoms. One attack generally, though not invariably, confers immunity.

The course of the disease is arbitrarily divided into three stages:

(1) The acute stage lasts from the onset to the disappearance of the tenderness, about six weeks.

(2) The convalescent stage from the end of the acute stage and continuing so long as there is spontaneous improvement, i.e., about two years.

(3) A chronic stage when the affection has become stationary and deformities, if present, the result of muscular contractions, and the force of gravity, have become established.

It is important to remember that during the convalescent stage considerable recovery from paralysis usually takes place and sometimes no traces remain; for this reason we do not ordinarily operate until two years have elapsed from the commencement of the disease. In most cases, however, there is more or less wasting of certain muscles with permanent paralysis, as well as shortening of the limb, i.e., the bones themselves are also affected and fail to develop normally.

Distribution. The lower limbs suffer in 70% of cases. The anterior tibial group of muscles are most commonly involved.

Type of Paralysis. Upper and lower neurone. In the vast majority of cases the paralysis is the sort called flaccid, i.e., lower neurone. In this variety the part is limp, i.e., flaccid, and has a bluish, often mottled appearance, especially in cold weather. It is cold to the touch, both signs being due to vaso motor upset, and the muscles are wasted. In upper neurone paralysis, called spastic paralysis, the limb is stiff and rigid to the touch, and the skin does not lose its normal appearance. The part feels warm as in normal cases, and the muscles are not atrophied, while the reflexes are much increased.

Prognosis. On this continent the mortality is about 8%, but European statistics run as high as 22% ; from the age of 10 upwards the patient is more likely to die in the acute attack, and the death rate is higher, as it also is under one year of age. Death, when it occurs in the acute attack, generally comes from involvement of the muscles of respiration, or respiratory centre, and is commonest on the fourth or fifth day, but is unlikely after the seventh day. Cases with upper extremity paralysis are more likely to die of respiratory involvement than those who have the lower extremities affected. Regarding functional prognosis, in general, the more severe the attack the more severe the paralysis, but there are many exceptions. Spontaneous improvement begins at once in most cases, in practically all cases in a few weeks, but does not progress rapidly during the period of tenderness, and relatives should be warned accordingly. Improvement is most rapid for the first six months, but continues to be well marked for at least two years. Without any treatment, spontaneous improvement occurs in all cases at first, but gradually functional deterioration will occur from fatigue and muscle stretching, and then deformity will ensue. Untreated muscles, only partly paralysed in the beginning, will become totally paralysed in moderately severe cases, but with treatment there is no limit to the benefit to be obtained. Improvement, however, is most marked in the first six months, although marked improvement has been obtained in a case so long as 36 years after the onset.

To summarize, we may say that modern treatment has limited the residual paralysis by omitting meddlesome therapeutics; that we have learned that most deformities can be prevented (paralytic scoliosis is a notable exception); that the majority of muscles are weakened rather than paralysed; that improvement of muscle weakness is best accomplished by skilful muscle re-education and by preventing weakened muscles from being over-stretched and fatigued. We are no longer content to put on a brace and let the child get about as best it can. This, from a modern point of view, would be the crudest treatment.

Treatment. In the acute stage, and for at least six weeks afterwards, depending on the disappearance of tenderness, absolute rest in bed is indicated, not only for the sake of resting the affected muscles, but particularly to rest the spinal cord, so that the inflammatory products may be absorbed with the greatest facility. The necessary body fixation to insure this may be obtained by laying the child flat on a firm mattress, using restraining sheets lightly applied. It is important to keep the child warm and isolated from other children. A better method of securing fixation is by the Bradford frame, which any plumber can make in half-an-hour. The affected muscles must, in addition, be kept relaxed and their opponents prevented from overacting by a suitable splint. Very important is it to keep the paralysed parts wrapped in wool or flannel. The child should be fed and washed lying on its back, and every care taken to prevent the patient making a single voluntary movement with limbs, spine or head; for the reason that there is inflammation of the cerebro-spinal nervous system, and the less it is irritated by movement the more chance has it to recover. On no account should massage or electricity be used at this stage, as they will only cause irreparable harm. Rest is everything, which must be "enforced, uninterrupted and prolonged" (Thomas). The common deformities to avoid and be on the look out for are: (1) Contraction of the feet in plantar flexion; (2) flexion of the knees; (3) flexion of the hips; (4) adduction contraction of the shoulder; (5) lateral curvature of the spine. Neither drugs, counter irritation nor external applications are of any use, and massage and electricity at this stage work, as stated, the greatest harm. So, to sum up, the treatment of the acute stage consists in: (1) The avoidance of meddlesome therapeutics; (2) rest; and (3) the prevention of deformity. When the acute stage has been passed and six weeks have elapsed, the treatment to be followed depends on four broad principles:

(1) The continuous maintenance of the natural temperature of the affected part. These paralysed limbs, when unprotected, are cold, blue and wasted, often showing a tendency to chilblains, and the affected limb is often shorter than the other. Now, if the limb is kept warm, all these signs are reduced to a minimum; the way to induce warmth is by putting on sufficient clothing. This is best done by adding enough layers of woollen stockings, when the limb will remain warm continuously. While indoors or in bed, the numbers of layers can be reduced. When fitted

for a boot, the foot must be measured over all the stocking layers. In addition to stockings, fur-lined gaiters or mitts can be worn for outside wear in winter. Light massage for 15 minutes twice daily also tends to help the circulation of the affected part.

(2) Relaxation of the affected muscles. Here, as elsewhere, in paralysis in general, "Do for the patient what he himself cannot do," e.g., if the foot cannot be raised owing to foot-drop, do it for him, by putting it on a right-angled splint and keep it there continuously. When the paralysed foot is once put at a right angle, never let it for an instant drop to a lower position. The paralysed muscles are only stretched by doing so. The idea in putting the foot in this position is that, with the foot dropped, the heel tendon, which is normal, is contracting against the paralysed anterior tibial group of muscles, which are, in consequence, over-stretched, but if the foot be put at a right angle, it will enable these stretched muscles to contract. Many muscles which at first appear hopelessly paralysed when over-stretched will, after a few months, in a proper position, show contractile power, and therefore more or less recovery. A dropped wrist is put in a dorsi-flexed position. A paralysed shoulder is put in abduction. The test of muscle recovery is equally simple. When a paralysed wrist, say, is on a dorsi-flexion spint, if the patient is able, voluntarily, to still further dorsi-flex it, one knows at once that the extensors are recovering power. It is by a failure to appreciate these simple principles that the hideous deformities of infantile paralysis result. A much earlier sign is the ability of the patient to hold the wrist extended upon temporary removal of the splint. Massage and electricity are utterly impotent to prevent or cure a paralysed foot-drop, say, unless it is kept on a splint, so that over-stretched muscles are relaxed, and, if this is done, nature herself, unaided, will turn out a very good job.

(3) Exercise of muscles as soon as they begin to show return of voluntary power. This implies muscle re-education, and is of a complicated nature and requires an expert or medical gymnast to inaugurate it; for all of the supposed measures to improve muscle function there is only one that stands chief and foremost, and that is the one which demands the exercise of the patient's own will. The patient must try, by his own volition, to contract the muscles, and, in doing this, great aid is obtained by gravity. The details I cannot go into, but such exercises are usually divided into concentric and eccentric. By a concentric movement is meant the ordinary movement of a muscle which does work by becoming shorter; on the other hand a muscle is said to perform an eccentric movement when it does work by becoming longer. Thus, if a patient be told to dorsi-flex his foot while you hold his toes, and resist the movement, he is performing a concentric exercise with his anterior tibial group of muscles. Whereas, if you passively dorsi-flex his foot and then try to plantar-flex it, while he resists, you are making him perform an eccentric exercise with the same muscles. The importance of the distinction lies in the fact that when function is returning to a paralysed muscle, power to act eccentric-

ally can be elicited long before there is any power to act concentrically. So, in a case of recovering wrist-drop, power to prevent the wrist dropping returns long before power to raise it. In muscle exercise for paralysis, we usually have to avail ourselves of the force of gravity in early stages. The same in testing a muscle; if a sitting patient with foot-drop be asked to dorsi-flex his foot, he cannot do so, but if that patient lies on his side full length on a table and tries, it is quite likely that some feeble contractions may occur, or, if he lie on his back with his leg raised high up, the same thing will occur. Similarly, with shoulder paralysis, contraction movements should be attempted with the patient lying supine, and, when he can move muscles in these positions, then one can gradually oppose gravity to them. In an electrical way, the only current worth mentioning is the Bristow current, and this is an auxiliary measure. It is a faradic current which, if the patient be relaxed, is painless, and the strength of current is regulated by pushing the core of secondary coil in and out about 60 or 70 times a minute, while the other hand, which also holds the electrode, also grasps the muscles, so that the contraction produced is felt by the hand and so regulated.

Massage is another useful auxiliary, which acts by increasing the blood and lymph flow; but its effects soon pass off, probably in 2 to 3 hours. These paralysed muscles are very easily fatigued, and it must not be forgotten that a partial paralysis can be changed to a total one by over-use; so a knowledge of this fact must ever guide us in prescribing muscle exercises.

(4) The Prevention of deformity by apparatus. To obtain the best results, a child suffering from lower extremity paralysis should not be allowed to bear weight on the affected member until one year has elapsed from the onset of the disease, unless complete recovery should have ensued. Apparatus, which includes splints, braces and corsets, are used for four purposes: (1) to enable patients who cannot walk to do so; (2) to enable patients who can walk to walk better; (3) to prevent malposition, and (4) to correct malposition. It is essential that apparatus should be mechanically sound, light and properly fitted, for nowhere is nicety of adjustment so important in its direct effect on gait as in this disease.

After two years of correct treatment along the lines I have indicated, we operate to enable the child to get along without any apparatus, although some kind of instrument is usually worn for a year following the operation, so as to strain the parts as little as possible. Operation consists of transferring good tendons to the site of the paralysed ones. Stiffening joints so as to increase stability, often combined with insertion of paralysed tendons running over the joint into a groove in the bone, so as to act as an additional support in the way of a ligament, and various other measures which I need not detail.

What I want to emphasize is that the common stock treatment for infantile paralysis, consisting of massage and electricity, is a waste of time and money, and, in the acute stages, very detrimental. That these

paralysis cases require constant and prolonged supervision, and should be seen by the surgeon, if possible, every three months for several years, as frequent alterations have to be made in building up boots and attention to any instrument that may be worn to counteract tendency to deformity, because, if not looked after, deformities will arise, and then the case becomes known as neglected, and presents malshaped bones, muscular contractions, callosities and ulcerating chilblains. So that from all this, I think you will agree with me, that the orthopaedic surgeon should first of all be an optimist, and, secondly, have a long life expectation if he is ever to see his work bear fruit.

Training School Records

Ruth Hicks, Reg. N.

In as much as it is a punishable offence to run a business without a proper system of accounts, so it should be to run a school of nursing without records. Every well-conducted public school in this Province sends home with each pupil a monthly report of that child's progress; why should not a nursing school also give its students an inkling now and then as to their progress and the opinion their teachers have of them.

Among the most outstanding reasons for keeping records, the following points might be touched, as present day methods demand it: 1. When graduate nurses seek to take post-graduate work, it is necessary for them to furnish credits from their Training School as to subjects taken, hours spent in lecture class and laboratory.

Occasionally it seems advisable to allow student nurses to leave one school and enter another;

Merely as a business-like, methodical way of keeping track of work and theory covered;

The nurse has the right to demand that it be kept.

2. The laxity in this regard in the past. Until the last few years very slack records, if any, were kept. It is no infrequent occurrence now that when a graduate nurse writes back to her Training School, years after graduation, for her record of credits, and after a long search in a musty vault, a book is unearthed bearing her dates, and after a further search one finds almost nothing of value. Presumably the nurse did cover certain work and attend certain lectures, but there is nothing to show it, or it is left in such a way that it is haphazard and hard to understand.

Granted the necessity for keeping of records: what records should be kept?

1. Personal or preliminary history of student;

All data relative to student previous to entrance to school, her morals, ethics, any special statements which may have been made during the personal application. Points of this nature are an aid to the Instructor of Nurses in her approach of the student.

This will include:—

(a) Full name, which should be carried through every record the same—not Mary Louise Jones on one card and M. L. Jones on another.

(b) Home address.

(c) Date of birth.

(d) Address of nearest relative.

(e) Religion.

(f) Previous education.

2. Record of physical examination before entrance of student, also record of complete physical examination at date of acceptance, with mention of any special handicaps and advice regarding same.

3. Exact number of days of practice in each branch of service offered. Where this experience was given, the type of nursing presented (convalescent or acute), and actual diseases and surgical conditions cared for and number of deliveries attended.

4. Complete record of Theory covered, giving clearly:

Name of subject or course,
Name of instructor,
Total hours spent, divided into class, lecture, laboratory work,
Year in which subject studied,
Result of examination in same.

5. Records of students as to deportment and behaviour in nurse residence, as to sociability, thoughtfulness of others, type of example, whether force for good, bad or neutral. The student's attitude toward work, efficiency in work, strong and weak points, etc.

6. Health record during training, including weight chart.

7. Any special mistake or trouble recorded fairly and accurately.

8. Final summing up at date of graduation as to student's aptness for any line of work and what she appears to be best fitted for. A general summary of the three years' work, signed by the Superintendent of the Training School. If student leaves school, reasons for doing so should be recorded.

As a hospital enlarges and changes, the system of records must be reviewed and made up to date. Records must be clear, necessitating the least amount of explanation, so that any new person coming into the Training School Office can take them up.

Let the records be plainly and neatly kept, as far as possible by one person who realizes the importance of keeping them. In the smaller hospitals of this Province this duty will fall upon the Superintendent, hence the need for records which give the needful definite information but are easy to keep. A too detailed system is as bad as an inadequate one.

The record, when completed, should be filed in a systematic way so as to be found easily when required. In a large or medium-sized school a card index should be kept. Keep two files for this purpose, one for those in the school; one for those graduated. One card will serve both purposes.

On first side:

Pupil .....
File Number .....
Name .....Class.....
Address .....
Date of Admission.....
Date of Acceptance .....
Date of Resignation.....
Date of Dismissal.....
Date of Graduation.....
Remarks: .....

On the reverse side of this have a graduate card and encourage graduates to report to their Training School so that a record may be kept of their later work.

In this way every student who has been in the school will have a record.

The card may be started at the time the application is completed. Start also a folder or envelope, into which put all material concerning the application. The permanent record form or forms can be kept in this receptical as soon as a student begins her career. A record of letters of enquiry and personal interviews should be kept. It is interesting to compare number of letters each year; lack of enquiries probably show that the school is going down. These letters may be sorted at end of the year. Keep those who came and completed application and destroy the rest. The student's personal letter is quite important in that it frequently shows plainly the student's point of view.

A daily time-book, such as is used in all business concerns, must be kept; in this any change from ward to ward, day to night duty, illness, etc., can be noted in red ink and easily transferred to permanent record at regular intervals.

The monthly record of each student should show total experience gained in each department, as well as conduct and general deportment. A good plan is to give each student a case record or experience sheet to keep and turn in each month.

In a small school where medical and surgical cases are, perhaps, in the same ward, this would help the Superintendent to decide whether the student's work that month had been 75% medical and 25% surgical or vice versa, thus estimating the days' service in each branch per month.

On the reverse side of this card the report of the nurse in charge of the ward as to the general character of the student's work and conduct. By allowing the student to see her report, faults that she may have been

blissfully unconscious of may be brought to her mind and an effort made to correct them.

Our duration of office is uncertain for many reasons, and it is our duty to leave records, giving unprejudiced facts that will be helpful to Superintendents who may come after.

The question of standardizing records has been considered. It would be a good plan if all records could be uniform, but, before the system could be introduced, nursing methods and courses would need to be standardized.

(Read at Annual Convention of the S. R. N. A., April, 1923.)

Healing Cults

(Continued from last month)

In the cults of to-day, advertising has become a fine art. Until recently, at the Palmer School for Chiropractics, there were 4,013½ hours given to scientific subjects as compared with 5,335 hours to salesmanship. The great majority of people are credulous. There is a quite common temper of mind which leads people to turn from science, with its honest, cautious, and often unsuccessful gropings after truth, and to accept, in preference, the professions of those whom their very ignorance makes loud and confident in statement. This is well illustrated by the following story:

A celebrated quack was visited by a former playfellow from his native village, who asked how he got on so well, adding, with the frankness of early friendship, "Thee knowst thee never had no more brains than a pumpkin!" The quack took him to a window and bade him count the passers-by. When a hundred had passed the quack asked his visitor, "How many wise men do you suppose there were among this hundred?" "Maybe one," was the reply. "Well, returned the quack, "all the rest are mine." To this enormous percentage of mankind quack advertisements make their appeal.

As showing how the people at large are more ready to pin their faith on a quack than on a properly trained man of science. we recall a story which appeared in the French papers a few years ago:

A quack at a fair was driving a roaring trade, selling nostrums, drawing teeth, and beguiling the crowd in the usual way. The letter of the French law against unqualified practice is very strong, though, owing to the indifference of the magistrates, it is not strictly carried out. This, however, was a particularly flagrant case, and the police felt compelled to interfere. The quack was therefore accosted by the guardians of the law, taken to a tent at the back of his stand, and requested to show his diploma. To the stupefaction of the gendarmes, he exhibited a perfectly authentic degree of Doctor of Medicine of the University of Paris. They were profuse in their apologies, which the doctor cut short with an urgent

entreaty that they should say nothing about what they had seen. "For," he said, "if the people know that I am a qualified doctor, I shall have no more customers!"

The movement from country to city life produces more neurotics. Emotional diseases are the fertile field. Then, too, there is the longing of many for positive doctrines. The attractiveness of the opportunity brings many quacks on the ground. An unqualified man can, without the smallest medical knowledge or any preliminary training, advertise himself as an "eminent physician," with self-conferred degrees. He can flood the newspapers, even the most important, with blatant testimonials of his assumed qualifications and skill; and can even, it may chance, obtain royal recognition. Many lay proprietors of various society papers are ever ready to bolster up his fraudulent pretensions as long as he can pay handsomely for his whole-page advertisement. He can publish in such newspapers and journals testimonials of cures guaranteed by persons with no knowledge of medicine or surgery; and such guarantees, it may be guessed, are not always gratuitous. The credulous section of the public (and how large it is!) accepts as gospel anything it may find in a newspaper, whether it be a question of politics or diet or drugs. The unqualified man is bound by no rules of etiquette, by no professional regulations; and can not only assume medical titles which he does not possess, but can, with impunity, attach to such the name of a non-existent university, such as M.D., U.S.A.

The more blatant the assertions which he makes in the advertisements, the more will the public flock to him; and he can sell colored water at a dollar an ounce if he only calls it pink or yellow electricity, or by some other catching title. He can proclaim to the world that he is in possession of infallible remedies which will cure all diseases; and he has only to repeat this assertion sufficiently often in newspapers and billboards to accumulate ill-gotten gains, to the full possession of which the State will leave him, subject only to the attentions of the income tax collector, which fall upon the just and the unjust alike.

Medical men do not hesitate to admit that quackery sometimes achieves success. It is necessary, however, to impress on the public mind that such success is due not so much to the remedy, the miraculous powers of which are vaunted, as to the healing action of Nature. This cannot be too strongly insisted upon. As Sir James Brodie said, in an address delivered at St. George's Hospital in 1838, "The living machine, unlike the works of human invention, has the power of repairing itself; it contains within itself its own engineer, who, for the most part, requires no more than some slight assistance at our hands."

Oliver Wendell Holmes puts the case even more strongly in his "Medical Essays," where he says: "Probably all are willing to allow that a large majority—for instance, ninety in a hundred—of such cases as a physician is called to in daily practice would recover, sooner or later, with more or less difficulty, provided nothing were done to interfere

seriously with the efforts of Nature. Suppose, then, a physician, who has a hundred patients, prescribes to each of them pills made of some entirely inert substance, as starch, for instance. Ninety of them get well; or, if he chooses to use such language, he cures ninety of them. It is evident, according to the doctrine of chance, that there must be a considerable number of coincidences between the belief of the patient and the administration of the remedy."

There are people who live in the shadow of the fear of cancer, and who see in every pimple or every little sore the small cloud, no bigger than a man's hand, which may grow to the blackness of death. If we add to these the number who believe that their "liver is out of order," we find that a large proportion of the human race suffers from more or less imaginary ailments. It must be admitted that doctors are, perhaps, not sufficiently patient with these "malades imaginaire"; and, indeed, it is not easy for a strong-minded man to take them seriously. To them, however, the suffering is serious—sometimes to a degree that makes ruin of their lives; and among these quackery finds a rich field which, skilfully cultivated, has what Johnson said of Thrale's brewer, "potentialities of wealth beyond the dreams of avarice." It is sad to confess that in many cases quackery finds its triumphs in just such failures of medicine.

The Government, by Act of Parliament, provides that "Any person shall be regarded as practising medicine within the meaning of this Act (1) who shall publicly profess to be a physician or surgeon, and shall treat, or offer to treat, any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof, and charge therefor, directly or indirectly, money or other compensation."

Some Modern Cults

When osteopaths began their campaign to secure the right to treat the sick, without having to comply with the educational requirements of medical practice acts, their common claim was that they did not use drugs, and, therefore, were "not practising medicine." As a consequence, they have been classified by government agencies and by legislators as limited practitioners and separate from the medical profession. In other words, they have been accepted at their own valuation.

Regular scientific medicine has been endorsed by universities of long-established reputation—the only reliable test of any science; and all but a few of the medical schools are now integral parts of such universities. Osteopathic theories, on the other hand, have received no such endorsement, and there is no acceptable proof of their having a reliable foundation.

Christian Science

A few quotations from *Science and Health* may help us to appreciate the tenets of Mrs. Eddy's creed. It must be stated at once that medical

men do not oppose Christian Science, osteopathy and chiropraxy because of any competition from these false systems, but because they are false and misleading to the public. No false system of treatment can in the least degree interfere with the amount of cases that must come the way of the regular practitioner. Indeed, as a matter of fact, their false systems can have no other result than that of increasing the sum total of disease and suffering:

"Physiology exalts matter, dethrones mind, and claims to rule man by material law instead of spiritual. The costs of Aesculapius are flooding the world with disease, because they are ignorant that the human mind and body are myths."

For a genuine piece of profound ignorance, or mental aberration, take the following, found on page 153, at line 25: "We weep because others weep, we yawn because they yawn, and we have smallpox because others have it; but mortal mind, not matter, contains and carries the infection."

She was equally positive that material means were utterly valueless. On this point, note the following quotation: "When the sick recover by the use of drugs, it is the law of a general belief, culminating in individual faith, which heals, and according to this faith will the effect be. The chemist, the botanist, the druggist, the doctor and the nurse equip the medicine with their faith, and the beliefs which are in the majority rule. When the general belief endorses the inanimate drug as doing this or that, individual dissent or faith, unless it rests on science, is but a belief held by a minority, and such a belief is governed by the majority."

According to the foregoing, Mrs. Eddy, the founder of Christian Science, taught that the qualities found in any drug are in it because the majority of people believe that these qualities are there. That is to say, if the majority of people believe that arsenic is not a poison it might be swallowed with impunity. In other words, the qualities of drugs are voted into them. This would be an excellent way of securing temperance. Think that whiskey would not make people drunk, but, on the other hand, is an excellent and nourishing drink—and the whole thing is done.

Again, the following appears: "To the Christian Science healer, sickness is a dream from which the patient needs to be awakened. Disease should not appear real to the physician, since it is demonstrable that the way to cure the patient is to make disease unreal to him. To do this, the physician must understand the unreality of disease in science."

That Mrs. Eddy believed disease to be due to people's thoughts, the following completely proves: "If a child is exposed to contagion or infection, the mother is frightened and says, 'My child will be sick.' The law of mortal mind and her own fears govern her child more than the child's mind governs itself, and they produce the very result which might have been prevented through the opposite understanding. Then it is believed that exposure to the contagion wrought the mischief."

(To be continued)

Editorial

The Superintendent of a Small Hospital

The following quotation from a Canadian journal devoted to hospitals, and written by a man interested in the building and planning of such institutions, makes one wonder where such versatile women as are mentioned find time for all their different activities in the hospital:

"For instance, the X-Ray machine could be installed in the Superintendent's office, if the Superintendent was an X-Ray operator, which is sometimes the case. In most hospitals of the type under consideration, the Superintendent, a woman, is superintendent of nurses, instructor of nurses, operating-room nurse, X-Ray operator, and general plant manager. Under such conditions facilities may be more readily combined, since but one facility is used at a time." Isn't it fortunate, that "but one facility is used at a time!" This arrangement certainly saves a room or two in the hospital, but what of the Superintendent? More than that, what about the training school and students? Isn't it time that we, as an organization, made a real campaign to educate the public, and especially the part of it that acts as the Hospital Trustees or Board of Governors of a hospital? How long are we to sit still and allow the proper education of the young women preparing to meet the demands upon graduate nurses for the varied kinds of nursing and kindred public health works to remain as it is now? It will be years yet in being rectified if we do not ourselves show the folly of expecting or even allowing one woman to shoulder such a burden, and, in the natural course of events, make a failure of one or more of her varied duties. Is it any wonder that the field of hospital executive in these smaller hospitals is none too popular with the type of women who alone can get the real results? Of course she must let some part of her work drop—and what can be so easily omitted as the technical education of those who come to the hospital to get this same technical education to fit them for the community needs? Who cares? The pupil is helpless, usually ignorant of what she should expect from a school of nursing, and it is only when too late that she recognizes that she has been deceived, for it has not been a school.

The Board, speaking generally, knows extremely little about such a thing as a school in its hospital, and cares only that things go smoothly, patients cared for, few complaints, and the expenses kept down. That the responsibility for this ignorance is ours, and that the blame for it rests on our shoulders is only too true. Yet, year after year, we see the same exploitation of the pupils, the same overcrowding of the work and time of the superintendent of these hospitals; the breaking down of the health of this woman, and graduates sent out with only a part of their education given. We, the nurses of Canada, have wonderful opportunities to carry

this insistence of proper recognition of the school to the public, and, till we do take this as our work, the present mode of staffing the hospital and the multiplicity of duties will continue.

Why do we neglect the help that would be ours for the asking from the influential women's organizations? Why not start a "Parent-Teacher" organization in connection with our own schools or join the one in our town? Why not advise the young women to ask, before entrance, more about the personnel and equipment, the educational requirements, etc., and to avoid those so-called schools which do not conform with educational standards similar to those of any other technical school? The provincial associations will prove of inestimable value in improving the nursing education of that Province by taking up this work earnestly; appoint an Inspector of Training Schools (Provincial Director of Nursing would be a far better title); get the mothers of future nurses interested in the schools for nurses; encourage pupils to apply to provincial office for information as to accredited schools, and much will be gained.

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National Office, Canadian National Association of Trained Nurses

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a national office for the Association has been established at 609 Boyd Building, Winnipeg, Man., with Miss Jean S. Wilson, Reg. N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarter's office with a full-time secretary, and at the annual meeting held in Edmonton in June, 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a Bureau of Information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is chargd for any assistance received through the National Office.

The duties of the Treasurer and Archivist have been delegated to the Executive Secretary.

A Rockefeller Gift.

It is announced that a gift of $150,000 to promote the use of insulin in the treatment of diabetes will be distributed among fifteen hospitals in the United States and Canada.

The World's Pulse

By Elizabeth Robinson Scovil

Germany's Programme.

In the present violent protest of Germany against the payment of reparation, it is interesting to note her own idea of what was due from conquered nations, expressed in the Prussian Upper House in May, 1918. She was to insist on the annexation of Belgium, Dunkirk, Calais, Boulogne and the French coast on the English Channel, together with Verdun and other towns. Surrender of such British coaling stations as Germany desired, including Malta. Payment of an indemnity of $45,000,000,000. Surrender to Turkey of Egypt and the Suez Canal. Occupation of the French territory to continue until the indemnity was paid. The French population to be expelled from the ceded territory. The Allies to pay the entire cost of the support of the German army in occupation. The Kaiser expected to get indemnities of $70,000,000,000 from the United States and France.

Electric Fishing.

Electricity is always being put to some new use. At Sandown, in the Isle of Wight, an electric accumulator was lowered into the water near the bait set for fish. Conger eels and several large whiting were caught. The movements of the fish could be distinctly seen.

Canada Joins in Tribute to the Late President Harding.

One of the persons present at the memorial service at Westminster Abbey was an Indian, Dekalich, Chief of the Six Nations. He wore the Indian costume and a feathered headdress.

Flight Around the World.

The British Air Ministry is making preparations for a flight around the world next year. The route will be the same as that followed last year, when the airplane got as far as India. Both the United States and Italy propose making government flights in the near future.

A Unique Celebration.

The aninversary of the battle of Minden, fought against the French on August 1st, 1759, was celebrated at Cologne by the King's Own Yorkshire Light Infantry, one of the six British infantry regiments which took part in the battle, and which troop their colors every year on that date.

Jews in the Holy Land.

The Jews do not seem to value the privilege of settling in Palestine. A Government report shows that in May 230 emigrated, of whom 164 were recent immigrants. In June, 666 entered the country and 400 left it for America and other lands.

Canadian Flax.

It is hoped to develop the flax industry on a large scale in Canada. Three hundred flax weavers have been brought to British Columbia to increase the force. The French introduced weaving of the flax early in the history of the country. It is still done on hand looms in New Brunswick and other sections. War has devastated the flax fields of France and Belgium, internal dissensions interfered with the production in Russia and Ireland, so there is an ample demand to be supplied.

An Air Bomber.

The United States Air Service has had constructed the largest bombing airplane yet built. It has six engines and a speed of a mile and one-half a minute. It is capable of twelve hours' continuous flight at 90 miles an hour. It can carry two tons of bombs and has seven mounted guns.

News from the Medical World

By Elizabeth Robinson Scovil

Removing Adhesive Plaster.

Medicated tape, or adhesive bandages, can be easily removed by moistening the strip with a wad of absorbent cotton dipped in pure ethyl acetate. It will also cleanse a surface from the remains of adhesive plaster if the strip has been pulled away. There is no pain to the patient, as the adhesive preparation is dissolved.

Duration of Pregnancy.

A writer in the *Lancet* thinks there is sufficient data to show that pregnancy may be prolonged to 336 days, though it is rare for it to extend beyond 320 days. The child at term will be heavier and taller than a child born after the normal term.

Rice 100 Years Old.

In a remote part of Java rice had been accumulated for 100 years, owing to lack of transportation. A road was built and the rice distributed. It has been demonstrated by medical research that the rice has lost very little, if any, of its vitamine or ferment content or of its digestibility.

Chaulmoogra Oil and Leprosy.

The superintendent of a leper asylum in Korea reports that before the use of chaulmoogra oil the death rate was 25 per cent. In the first year after this treatment was begun the rate fell to 15 per cent.; the decline continued until last year it was 1.25 per cent.

Medical Education in Canada.

The Dominion has nine medical colleges, all of which require a six-year course, including courses in physics, chemistry and biology.

Under-nourished Children.

Badly nourished children are usually small and erratic eaters and do not take a sufficient breakfast. A St. Louis physician has prepared a food table, each article counting 100 points; the child is allowed to make up 500 points at his own choice, provided three articles are eaten. One egg, boiled, scrambled, or poached; a glass of milk, cup of cocoa; piece of toast, or bread with butter; large strip of bacon; large tablespoon of cooked cereal, or two of uncooked cereal, each with two tablespoonsful of cream; one banana; one orange; two tablespoonsful of berries with cream. The child should be encouraged to count his own points and keep a record to show the doctor.

Paraffin Wax Dressings.

An unusual use of surgical paraffin (parresine-Abbott) is reported in the *Journal of the American Medical Association*. A severe scald had resulted in much cicatrization of the elbow and adjacent portions of the arm and almost complete loss of flexion of the elbow. The scar tissue was removed, in two operations, and the wound dressed daily with surgical paraffin as is done in burns. It healed smoothly, the arm being straightened and splinted in full extension. After two weeks the splints were removed and treatment continued; in three weeks there was no contracting and the child recovered the use of the arm. Five varicose ulcers of long standing were treated with the same preparation and cured.

Iodine in Goitre.

It has been found that the administration of iodine is an excellent prophylactic in goitre. In some of the Swiss schools almost every child was goitrous. A few milligrams of iodine were given to each weekly throughout the year with most striking results. It is also used in the United States in districts where goitre is prevalent. It is recommended that in such districts every pregnant woman should be treated and also all girls from 11 to 15 years of age.

Poison Ivy Dermatitis.

Melted wax is said to afford instant relief from the pain, burning and itching caused by poison ivy. It is useful even in severe involvment of the vaginal and rectal mucosa. A small cotton swab is dipped in the melted wax and the parts painted with it. If the eyes are closed, the whole face may be painted. The least entrance of air necessitates the weak point being painted again.

Treatment of Cracked Nipples.

It is recommended to apply a cap of thinnest lead to the nipple, after dropping on it 2 or 3 drops of a solution of 0.5 gm. lead acetate and 2 gm. of gum acacia in 30 gm. of distilled and sterilized water. The cap has a broad flat brim and is held in place by two cross-strips of plaster. It is removed only to allow the infant to nurse, the nipple being wiped off with a soft sterile sponge. Previous treatment should be directed to keeping the nipple soft and flexible, not to toughen it.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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The Rotary Clinic

The tubercular work of Greater Vancouver is carried on under the direction of the Rotary Clinic. This institution is equipped with an X-Ray laboratory, dispensary, open air school, rest verandahs, and diet kitchen.

Any patient applying for an examination has the first history taken by the nurse, also temperature, weight and height. A thorough physical and fluoroscopic examination is given, and in most cases X-Ray plates are taken.

Suitable incipient cases are sent to Tranquille, if there is a bed available, and the advanced cases are sent to the General Hospital. Cases, that for some reason will not go to an institution, are treated at home under the direction of the visiting nurse. These patients are expected, when possible, to report regularly at the Clinic for medical advice, weight and re-examination, if they have no private doctor of their own attending them.

In January, 1922, an alpine lamp was installed for treatment of tubercular bones and joints, discharging sinus and general body radiations. The rest verandahs are used for cases where the diagnosis is not complete; the patient comes from 9 a.m. until 5 p.m. for observation of temperature, etc., and sputum examinations. They are provided with a hot lunch at noon and milk before leaving at night.

Arrested cases of tuberculosis, who are working in the city, come in at noon for an hour or two and have lunch and a rest, and by doing this are not as liable to get over-tired with their work.

Once a week a throat specialist gives an hour of his time for examination of the positive cases for laryngeal tuberculosis, and also examines the throats of the children attending the open air school, and, when necessary, removes their tonsils and adenoids.

The open air school at the Clinic has a seating capacity of 25. During 1922, forty-eight different children attended. The children are given a hot lunch of meat and two vegetables, milk pudding, and milk to drink. They lie down and rest for two hours at noon on their cots. Before going home at night they have extra milk and bread and butter. They are weighed every week and a record of their temperature kept.

Von pirquets are done on all the school children, X-Ray plates are taken as well as a physical examination.

In connection with the Rotary Clinic there is a summer camp on Marine Drive, which opens during the summer months for children predisposed to tuberculosis or are over 10% underweight. There are 36 beds, and each child has two weeks' holiday there. The children to go to camp are referred to the Clinic by the school nurses, and the most deserving cases are picked out.

In the afternoons at the Clinic the routine laboratory work is done, sputum analysis, urinalysis and blood counts, also dispensing of medicines, quartz light treatments and the developing of X-Ray plates.

The work of the visiting nurse or public health nurse in connection with the Rotary Clinic consists of:

Following up the patients diagnosed as tubercular into their homes and teaching the patients and their families the necessary precautions to keep the disease from spreading. Arranging for examination of the patient, from time to time, or the children exposed to T. B. Arranging for patients to go to hospital or sanitarium and the caring for children while either parent is taking the cure. Providing the proper surroundings for the T. B. patients living at home, and arranging for their examination at intervals. Giving beside care when necessary, or teaching some other member of the family how to give it.

In addition to the patients who report to the Clinic, a canvass was made last year of all the doctors in Greater Vancouver in order to extend the nursing service to any of their T. B. patients living at home. We secured quite a number of new patients in this way, and hope in time to get in touch with all known T. B. cases in Greater Vancouver.

When a patient, for some reason, cannot go to an institution for treatment, we endeavor to make the home resemble a sanitarium as much as possible, arranging for sleeping porches, separate beds, etc., and keeping them supplied with cups, paper handkerchiefs, disinfectant and so forth, and giving them literature on the disease.

The funds to carry on the social service work are supplied by the Rotarians. We give very little money out, but during the year we dis-

tributed practically $700 in milk tickets, thus providing approximately 7,000 quarts of milk for patients and under-nourished children. This is our largest item, with groceries, rents, shoes, clothing and so forth taking up the balance of the funds.

The Public Health Nurse

Read by Dr. W. J. Bell at the G.P.H.A. Convention in Edmonton in May, 1923.

The whole effort in public health is the creation of an environment conducive to healthy living. The most important factor in the creation of such an environment is the public health nurse, or, as she is called in England, the health visitor. In her work she comes into intimate contact with the home, the school and the community, and I have placed the home first, because, without the best possible conditions in the home, effort expended elsewhere cannot produce the best results. The activities of the public health nurse include both health and disease, and for that reason she is given special instruction in hygiene, sanitation and general public health, in addition to her nursing training. The idea was first put into practice in New Zealand, and brilliant results have attended the effort there. Similar systems have been introduced in several European countries, such as Great Britain, Norway, Sweden, Denmark, France and Germany. The United States has made great strides along the lines of child hygiene, and in all the provinces of Canada, as well as by the Federal Department of Health, the public health nurse is recognized as a vitally important factor in the dissemination of health education, more particularly along the lines of maternal and child welfare.

Let us first consider the public health nurse in health and, in the first place, her activity as a community agency. In this connection she is able to make investigations of conditions and report the same to the municipal authorities, so that action can be taken and correction effected. In addition to this she is able to detect at an early stage the development of conditions liable to prove a menace to community health at a later date. By drawing official attention to these conditions, it is possible to have them adjusted before adjustment may become expensive and before conditions of ill-health have resulted therefrom. Social investigations may be carried on by the public health nurse with reports of value given to the municipal authorities in connection therewith. In certain communities, especially in factory towns where a large part of the help is female help, the nurse can hold classes in home nursing and general hygiene in which much valuable information may be imparted to those in attendance. Another important community duty of the public health nurse is her work in connection with practical nursing. In every community we find untrained women who go out as general assistants to homes in which there are obstetrical cases. Lack of training means to these women a lack of the knowledge of aseptic technique, and this lack makes them a very great

menace in such cases. It should be the public health nurse's duty to assemble as many as possible of these women and teach them the fundamental principles of surgical cleanliness and point out to them the dangers of lack of attention in this respect. This is being done in many communities and is one of the public health nurse's most important contributions to maternal welfare. In the case of an epidemic, the public health nurse can combine a health survey of the community with house to house instruction on healthy living and the avoidance of disease-producing conditions which will be found to be of great service in checking the spread of an epidemic.

Let us next consider the public health nurse in her activity in the school, and in this connection we may interject the explanation that we are considering a continuous programme for the public health nurse. It is considered by some that the public health nurse's work should be specialized along various lines and especially along the line of school nursing. Without debating either side of this question, we are considering in this paper the public health nurse as a general community officer, whose activities embrace all the various activities which might properly be assigned to a public health nurse or a health instructor in a community. It is conceded that a complete physical examination is necessary to each child twice at least in its school life. First, when it enters school, and second, when it is leaving. In addition to this a regular inspection of school children should be made by the nurse to detect suggestions of actual or impending ill-health. The complete physical examination should be conducted by a physician appointed for the purpose in association with the public health nurse, the defects found being referred to the family physician for diagnosis and correction as he deems necessary. The principle involved here is economically sound. Education is expensive, and an attempt to impart instruction to a child physically unfit will fall short of the result desired just about in proportion to the child's physical unfitness. For example, a child whose naso-pharynx is blocked with adenoids has defective breathing, defective speech and defective hearing, all of which are conducive to lack of attention, lack of concentration and lack of progress. A child with defective vision has to exercise special effort to read or to see the teacher's demonstrations on the blackboard. This provides the reason for lack of progress in many cases. These cases, along with cases of skin disease, which frequently spread rapidly and are very troublesome, may be referred through the public health nurse to the family physician, who will direct the parents as to the remedy.

We come now to consider the public health nurse in the home, and there, I believe, her most important function is exercised, and in this connection we will consider the nurse in her dual function in health and in disease.

In the home, frequently, one sees conditions unsanitary and unhygienic, conducive to ill-health, most of them due to wornout superstitions and prejudices, such as an avoidance of draught from opening the windows, etc. On one occasion an eminent physician was asked by a lady

patient if he considered the night air harmful. His reply was: "As to that I am not quite certain, but I don't know how you are going to avoid it, and, in order to have the least possible amount of harm, you should always have your bedroom windows open at night so that the air may be fresh and oxygen supplied to you while asleep as freely as possible." The nurse in her home visiting stresses the importance of fresh air and sunshine and the great value to health of soap and water used freely in the house. People should be instructed that the old-fashioned dish of crude carbolic disinfectant creates only a bad odour and a false sense of security; that coughing and sneezing without mouth and nose protected is a menace to the health of others in the neighborhood, and that indiscriminate expectoration is almost criminal. The public health nurse can tactfully impart very valuable information along these lines.

A word here regarding the nurse's duty towards expectant mothers would be in order. At an earlier point we mentioned obstetrical care, in speaking of the public health nurse's relation to practical nurses, with special reference to septicaemia. Our statistics dealing with maternal mortality demonstrate that fully 25% of maternal deaths are due to the toxaemias of pregnancy. A very large majority of these deaths could be avoided by efficient pre-natal care, which would at the same time reduce very considerably our infant loss due to still-births and pre-maturity. The nurse's instruction to a pregnant woman is of very great value, both to herself and to her offspring.

After the arrival of the new baby the public health nurse can be of great assistance to the mother in the nursing of the child. It is her duty to stress the importance of breast feeding on all occasions and to urge that never for insufficient reason should a mother deprive her infant of the greatest benefit, in a nutritional way, it is in her power to confer. Nature's methods and nature's provisions are correct, and it is only when we deviate from nature that we go wrong. It is accepted that it takes approximately two and one-half hours for an infant to complete the gastric digestion of a meal of breast milk. It is accepted that the stomach should have a rest between periods of digestive activity, and further, that food should be supplied at regular intervals. Many infants are made ill because their mothers are not in possession of these facts. The public health nurse's duty is to teach correct principles of breast feeding in every home where there is an infant.

If an infant, for good and sufficient reason, is deprived of its natural food supply, it is the duty of the nurse to advise the mother that cow's milk, properly modified, is the best substitute for mother's milk, and that the family physician should be consulted regarding this. Patent foods she should unreservedly condemn, especially when these foods are being used on the advice of a neighbor or some interested friend, and, even in the odd case where a physician has advised the use of a patent food, it is occasionally possible, through a tactful suggestion from the nurse, to obtain a more rational food for the baby.

Our statistics of infant mortality demonstrate a tremendous wastage of infant life through infection, and in the home the nurse frequently has opportunity to teach the parents and others the danger to the infant of infection and the possibilities of such a simple thing as the common head cold.

The toddler in the home, and also the child of school age, come there under the supervision of the public health nurse, and it is of very great importance that instruction in health habits be commenced early. The public health nurse has an important duty in assisting parents and teachers in the instruction of children in health habits, with a resulting reduction in the hazards of child life. It is quite as important to instruct children how to live as it is to teach them how to walk or talk. Dirt can be made repulsive to children, even to young children. They can be taught the beauty and the safety of a clean mouth, and they can be taught that in order to keep the mouth clean the teeth must be clean, and hands must be clean and substances put into the mouth must also be clean. The earlier this training is commenced the more easy and the more lasting it will be.

In illness in the home the public health nurse can be of very great service; for example, in typhoid fever or in acute contagious diseases. In a workingman's family in which, owing to financial conditions, there is no possibility of obtaining a qualified professional nurse, the public health nurse can go in under the attending physician's directions and demonstrate how to keep the room properly from a hygenic and sanitary point of view; how to make the bed with a bedfast patient in it; how to give the bedfast patient a bath; how to prepare nourishment that has been ordered; how to take care of soiled linen; how to dispose of excreta; and further, how to carry out any directions left by the doctor for the care of the patient. This is done in the way of instruction, first by demonstration, next by having the work done under personal supervision, and, lastly, by occasional calls to keep the work under supervision. This constitutes a definite financial return to the community from the public health nurse, and is of decided economic benefit in every community where public health nurses are working. In the acute communicable diseases the public health nurse is able to instruct the household as to the carrying out of effective isolation and quarantine regulations, and through her efforts epidemics of communicable disease are either averted or more easily and effectively dealt with.

The public health nurse has a definite function in connection with tuberculosis. In this disease she fills the place in the home that the sanitarium cannot possibly fill. She instructs the infected person in the value of fresh air, sunshine, food and rest, to effect a cure of the condition, and she does it in the domestic environment in which the patient lives, so that the domestic routine and the patient's routine are made to fit. She also is able to instruct the tuberculous patient how to protect those around him from infection, and last, but most important, she instructs the other members of the household how to protect themselves.

In other words, she exercises a definite function with respect to the tuberculous contact, and this we must accept as vitally important in controlling the spread of tuberculosis.

Much more might be written on the valuable activities in public health of the public health nurse, but it would seem that sufficient has already been stated to confirm my original declaration that the important agency in the creation of an environment conducive to healthy living is the public health nurse.

Saanich Municipality

Public Health Nursing Service being Directed from Saanich Health Centre, Saanich, B. C.

SQUARE MILES, 56; POPULATION, 12,000; SCHOOLS, 15; CLASS ROOMS, 58; SCHOOL CHILDREN, 2,222.

NURSING STAFF.

Superintendent Nurse, one School Nurse, one District Nurse.

TRANSPORTATION.

Two Ford cars. Approximate mileage covered monthly, 2,000.

WELL-BABY CLINIC. Three each month. 348 babies registered to date.

SCHOOL WORK. Individual class-room inspection once each month, except in case of an outbreak of communicable disease, when the nurse makes a daily examination of the pupils until the danger of communication is passed. The teachers are instructed in observing signs and symptoms and reporting to the Health Centre.

Pupils are weighed every month and measured once in the school year; subsequent months the children are encouraged to weigh themselves and record the result under the supervision of the nurse. Charts are placed in every class-room for this purpose.

After each inspection the nurse gives a health talk to the class upon such matters as personal cleanliness, care of the teeth, etc., which talks are made suitable to the grade. The names of pupils who observe health rules are placed on the Roll of Honour each year.

LITTLE MOTHERS' LEAGUE CLASSES are for girls between the ages of 10 and 14 years. A definite course on infant hygiene is given, which includes the proper dressing and feeding of the babe with practice on a baby doll. The classes cover a period of twelve weeks with examination, and the successful candidates are given a badge and certificate issued by the Provincial Board of Health.

Attractive Health Posters are placed in every class-room. Children are encouraged to make health posters themselves about fruit, vegetables, sunshine, teeth, nails, etc. Prizes are given by the Provincial Board of Health for the best health poster.

Dental Work. The dentist works at the Centre three hours, from 9 a.m. to 12, daily. In this way twenty-five pupils approximately have dental care weekly.

Tonsil Clinic. The last Friday of each month. At least five tonsil operations done. The children are put to bed and cared for, and remain from six to thitry-six hours, or until quite recovered.

Tuberculosis Chest Clinic. Once each month all suspects are encouraged to attend and supervision is maintained at intervals by visiting the homes, or arrangements are made for transfer to sanitarium.

Social Service. Social Service Work is an important part of the programme, as there is no organization in Saanich for this purpose.

Infant Welfare. All babies born in Saanich are followed up. All through the pre-school period supervision is maintained.

Home Nursing and Hygiene. These lectures are conducted through the fall and winter months, the classes covering a period of twelve weeks, with examination and certificate issued by the Provincial Board of Health.

Addresses on various phases of Public Health nursing, Child Welfare, etc., are given as part of every month's programme. Health Centre activities are shown on colored slides.

District. The District work includes maternity work and bedside nursing, except in cases of communicable disease. This service is heavy, owing to night calls. A certain amount of educational work is carried on, and health literature distributed.

At the Health Centre, six beds are utilized for a certain type of patient, such as malnutrition, tonsilectomy cases, etc.

Extension of Work. We are organizing Pre-Natal and Eye and Ear Clinics, the latter being a vital necessity for the school children. The difficulty which presents itself, a very real one, is the limited staff and transportation facilities. The nurses are working to the limit of their strength. An increase of staff is a matter which requires very serious consideration, also an additional car is needed. The two in use are inadequate for present requirements and will certainly not meet further needs if a proper Public Health Nursing programme is to be carried out. The work has increased with surprising rapidity during the past year, as the following figures will show, which includes individual attention to cases, nursing, school, welfare, etc.: Year ending December, 1922, 13,053; half year ending June, 1923, 12,989.

All of which is respectfully submitted.

C. A. LUCAS, R.N.,
Nurse Superintendent.

Pupil Nurses' Department

"Mysteries"

Each year passes by into history, the years close and still the world goes on! although in reality there are no such divisions as time, months and years; they are only man's created division for his own convenience, but as long as time lasts and the problem of pain and suffering exist, the need of the "nurse" or "sister" will be felt and required.

What is there in the name "nurse" or "sister" that seems so magnetic? Is it an inner, finer feeling that pertains to human life, and cannot be defined in any way? Still, if the call was not answered there would be that unrest of mind and a feeling of not using our lives, which the "Unknown" has given us, to the best advantage, not only to ourselves, but to our fellow creatures.

The days come and go and each morn' we go on duty, sometimes with feelings of dread at not being able to adapt ourselves to the work set out for us, but more often with a heart full of joy and pleasure at being able to bring comfort and a little pleasure to those who are weakened and stricken down by life's burdens and afflictions.

Then there are times when we see life born anew and brought into the world, which should never come to be regarded as a commonplace event, but remember that it is one of the most sacred mysteries of life.

Again, there is the one who, with firm and steady hands, performs some of the wonderful and delicate actions assisting nature at a critical time, thus saving many a life at its first inception and allowing the world to put a more confident trust into his keeping.

Last of all comes "Death," the "Reaper," who snatches the lives from those who least expect it.

But still life is continuous and everlasting, and to say that another year has passed away has some meaning for us, that another section or period of our life has been lived and many things accomplished, whether for good or evil, but we only hope our life will not diminish but enlarge, and our minds develop with the more serious and important things of life, rather than allowing the trivial, lighter things to control and rule us and thus make us of less worth to ourselves and our fellow creatures.

M. PARTINGTON,
Pupil Nurse, Jeffery Hale's Hospital, Quebec.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.
Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.
Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.
Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.
Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.
Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.
Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.
Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.
British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

The Extension Course provided by the University of Toronto for private duty nurses has proven a great success, and the private duty committee are to be congratulated on this first venture in this direction.

This is the first course of its kind ever provided by the University, and the attendance far out-numbered that of the other courses. Some 340 nurses registered, two of whom came from outside points.

Mr. Dunlop, who worked with the committee in arranging the course, was most kind in looking after the comfort of all. The lectures, which were of an educational and cultural nature, were given in the morning of each day, and in the afternoons clinics were held at the various hospitals. Both lectures and clinics were most interesting and instructive, and it is felt that the nurse who did not take advantage of this course has missed a great deal.

The hospital authorities were most kind in providing escorts to show the nurses through the hospital.

After the clinic and tour through St. Michael's Hospital, the nurses were invited to the residence, where refreshments were served and a very pleasant hour spent in getting acquainted with one another.

A very enjoyable afternoon was spent at the Free Hospital, Weston, where, after a talk by Dr. Dobie and a tour through the hospital, the nurses were invited to a picnic and corn roast on the banks of the Humber, where Dr. Dobie and Miss Dickson made a very happy time for the nurses.

At the close of the lectures, Miss Masters, of Kitchener, thanked the private duty committee who had made this course possible, and voiced the appreciation of the visiting nurses for the inspiration the course had been

to them, and hoped that we would meet again next year in even greater numbers.

Miss Carruthers, president of the private duty committee, was presented by the visiting nurses with a bouquet of roses.

The course was brought to a close by a tea at the Nurses' Club, Sherbourne Street. On saying good-bye, each nurse expressed the hope that she would be at the course next year.

Nurses and Hospital Construction

In building a new hospital or an addition to an old one, or in renovating an old one in any way, such as by pulling down, new floors, putting in new plumbing fixtures, heating, or ventilating apparatus, lighting fixtures, operating equipment, hospital furniture, the people who usually consult together over such new building alteration, improvement and furnishings, are the architect, the president of trustee board or chairman of the house or building committee, the superintendent, the directress of the training school, and probably a representative or two of the medical staff.

The writer of this paper desires to emphasize the value of information which can be secured from the nurses, who day after day for three years walk on the floors, and gaze through the hospital windows which transmit to them the health-growing sunlight and the daylight needed to enable them to clearly inspect the nooks and corners of the wards, kitchens, bath and sink rooms, toilets, and to detect any changes in the appearance of the faces, eyes, throat, skin or other parts of the body of their patients, which they are expected by the doctor to watch closely; and to use and come into intimate contact with everything in hospital wards and accessory rooms.

Nurses should be able to tell the building committee which sort of floors are easiest on their feet, which are most easily cleaned and remain clean longest, which stand wear and tear best and which look the best, and are the least noisy.

In order that they may be able to give the committee an opinion, nurses must keep eyes and ears open, and the touch corpuscles of the soles of their feet alert. They can then say what floors are noisy, easy on their feet, pleasing to the eye, easily cleaned and kept clean or otherwise.

This simple method of studying floors may be applied to the study of walls, ceilings, radiators, beds and bedding, special hospital furniture, dishes and all of the other items which enter into hospital construction and equipment; merely by using one or more of the five senses and by putting on their thinking cap.

All nurses should observe, reflect, record; and also to report if called upon by the building committee. They can be of much assistance on

account of their practical acquaintance with all these features of hospital construction and furnishing.

The writer, while engaged some years ago in assisting to plan a large hospital, asked a nurse (and he interviewed many on many topics) what sort of window panes she preferred. She replied that she liked the large panes, seeing windows containing them could be more easily and quietly cleaned than those with small panes. Another preferred glass door knobs to metal for the same reason. Another gave him excellent advice as to the diet kitchen lay-out—the placing of the sink, the stove, steam table, refrigerator, shelving and other equipment. She advised placing the sink under the window with ample drip-board on each side, and high enough to prevent too much back-bending. She would place the stove near by.

In like manner nurses may easily study rooms for utility purpose, baths, appliances, flowers, nurses' charts, private ward rooms and the like, and be able to tell the committee just how large she would like to have these accessory rooms, what kind of furnishings and equipment should be placed in each, and just where each such article should be placed. All of these items should be indicated on the architect's plan, more especially fixtures whose conduits have to be "roughed in" as building proceeds. Certain of these rooms require one sort of floor and wall finish; others require different sorts. The nurse should express her preference and the reason therefor.

Once, in discussing bath-rooms with a nurse, she recommended a tub with a solid foundation, placed so nurses could, if necessary, get on each side of it, in case of collapse of the patient, and raised well up from the floor so as to prevent her from having curvature of the spine; and also having a signal button within easy reach.

Nurses who have done private ward duty can give especial help to a committee planning an ideal private room. They can advise as to the floor, floor covering, position, size and height of window, including blinds and curtains; sort of door, place of closet, place of bed, bureau, table, chairs and the like; position of lights, and outlets for signals, telephone, bed warmers, movable lamps, quantity of bedding, etc. The nurses in the New Hamilton City Hospital would tell you that their private ward doors have no latches. There is a reason.

The writer, while helping to plan a $100,000-operating building, received many valuable pointers from more than one operating room nurse, as to size of various rooms, their relation to one another; the tables, cabinets, stands and utensils required, their size, make and design, their position in the rooms, operating, anæsthetic, sterilizing, supply, utility. Most nurses in training spend two to three months in the operating room suite. They will notice how convenient or inconvenient things are, and can say to their building committee what should and should not be done.

When the construction of the new General Hospital was decided upon, a number of eminent authorities were consulted, and the manage-

ment committee was very fortunate in securing a whole evening with the late Sir William Osler. He spoke with authority and at length, particularly on the question of medical staff organization. When asked how he would approach the problem of construction, "go around and see the mistakes the other fellow has made and then don't make 'em," he replied, and no members of the hospital family are better able to point out mistakes, more particularly in the heart of the hospital, the wards and auxiliary rooms, than our nurses. Let them be prepared to do so, if called upon, and they should be consulted much more than they are. To be prepared to report they should *observe, reflect, compare, record.*

JOHN N. E. BROWN, MB., Tor.,
Once Inspector of Yukon Hospitals,
238 Bloor Street, West, Toronto, Ont.

Refresher Courses for Private Duty Nurses

Having been requested to write something for the magazine concerning "Refresher Courses for Private Duty Nurses," the establishment of which has been a long-cherished hope of mine, I would like to tell what we have done to secure such a course in our own Province.

When the Private Duty Section was organized, their council determined to endeavour each year, if possible, to place before the private duty nurses some definite scheme for their improvement and advancement in their profession, and to urge them to strive to realize its attainment. This year the privilege of outlining our plan of work fell to my lot, and at last came my opportunity to set about the formation of the long-desired course.

The need for such a course has, I feel sure, been long felt by many of us; and in the days when a very large percentage of the special nursing was done in private homes, and a private duty nurse was called only very infrequently to the hospital, many of them must have felt as keenly as I did the need for some plan by which she might keep herself conversant with the ever-increasing advances in medicine and surgery.

At that time, private duty nurses were not organized except in registries, and so, in the hope that they would take the matter up, I proposed several years ago, to our Central Registry Council here in Toronto, that we should ask the larger hospitals to assist us by allowing us to attend specially arranged clinics and lectures. However, the council did not favor the idea, and nothing further was done until we became a section in the National Association. I mention this because, although very desirable that such a course should be linked up with the university, there is no reason why, where that is an impossibility, any group of nurses near a hospital centre should not arrange such a course for themselves.

As soon as we had formed our plans for our course in this Province, we wrote to the convenors of the private duty committees in every Pro-

vince, urging them to endeavor to secure similar courses for their members, and I believe they are doing so, Miss Johns, of the University of British Columbia, having outlined an exceedingly interesting course for their committee.

We had no difficulty in arranging our course. We first approached the director of the short-term university extension courses held there during the summer, with the request that he would secure for us lecturers in those cultural subjects in which the nurses desired instruction, as well as special lectures in medicine and surgery. He was much interested in our plan, and promised us every possible assistance. We then called on the superintendents of the various university hospitals to ask that special clinics be arranged for our programme, and they also received our request with the utmost interest and kindness, and at last the plans for our long-wished-for course were completed.

The registration fee for the course was just two dollars, and the university provided accommodation for four dollars per week for a single room. When arranging our lectures they made just one stipulation, and that was that we must secure a class of not fewer than twenty members. We had three hundred and forty in our class!

The course extended from August 13th to 18th, with lectures from 9 to 12 each morning in the university, and clinics at the various hospitals in the afternoons. The subjects of the lectures were as follows: English literature, public speaking, psychology, contagious diseases, diet and disease, influenza, sleeping sickness, pneumonia and emergency surgery. The clinics held at the various hospitals were: The diets in the different types of nephritis," "Blood groupings and transfusion," "Surgery," "Tuberculosis," "Diebetic Ward."

Surely the need for the course was amply proven by the splendid response to our appeal for members. To my keen disappointment I was deprived, through illness, of the pleasure of attending our very first refresher course, but Miss Carruthers, convenor of our private duty committee, who has been indefatigable in her efforts to make the course a success, assures me that it was enthusiastically appreciated by everyone, and that the nurses are already looking forward to next year.

EDITH GASKELL,
Chairman Private Duty Section.

Grave of the Earl of Carnarvon

The burial of the Earl of Carnarvon, the explorer of the wonderful tomb of the Pharoah, took place on the top of a high hill on his family estate. The ground was consecrated by the Bishop of Winchester. When the ground was opened a number of skeletons were found. It is the site of an ancient encampment. Lord Carnarvon's burial probably is the first on the hill since the Roman occupation of Britain.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

How to Keep a Nurse Interested in Her Patient

The problem of keeping the student nurse interested in her patient is one which every school superintendent finds herself faced with most of the time.

The probationer enters the hospital full of the zealous enthusiasm characteristic of the youth of to-day, dreaming great dreams of splendid opportunity, of purposeful activity, of willing service, with the patient as the core and the meaning of it all. In most cases this enthusiasm keeps its bright lustre throughout the probation period, and even sometimes much longer, depending, of course, upon the individual, but usually it begins to show signs of dimness towards the end of the first year.

Some superintendents dismiss this lagging interest with the high-handed explanation that the novelty of any new situation wears off after a while, and that this gradual loss of interest of the nurse in her patient is simply a matter of course. But is it? True, the novelty of every new situation does wear off. Novelty is only a matter of fresh stimulus, and freshness gives place to familiarity, and familiarity to routine as the stimulus is repeated. But surely, if the student has been chosen wisely, and her training and environment are what they should be, before the novelty has worn off, something finer, something more real should have been developed to take its place.

Part of the trouble begins with the selection of the wrong type of student and could be obviated in some measure by closer and more individual contact and supervision during the probation period, at the end of which there should be a dropping out of the undesirable student, whether from a point of view of academic standing, moral, physical, or other unfitness for the work.

Beginning, then, with the desirable student, we must see to it that she is kept mentally and physically fit, for otherwise her patient will become a trial, and her duties burdensome. Fortunately we have reached a stage in nursing progress when an eight-hour day for the student nurse is almost universal, thus affording the necessary time for rest and recreation. But too often we stop there, and, for our night nurses, rest is a matter of chance rather than arrangement, and in the matter of recreation there is little provision made or guidance offered. Some one has defined recreation as anything which adds to the joy of living without detracting from the capacity for work; but how much are we doing for our nurses to add to their joy of living? Where are our gymnasiums, our tennis courts, our swimming pools?

We boast of our knowledge of psychology, and yet our nurses' homes are often dark, dingy and unattractive, and our reading libraries, when we have such, contain very few up-to-date books and magazines. Surely if we could but impress upon our school trustees and friends the tremendous importance of environment on character and well-being, something more could be done to make our homes more attractive, more conducive to the physical and mental well-being of the student nurse.

In the matter of supervision of the physical condition of the student, there is also need for greater care. We have all amongst us the nurse who makes a mountain out of every molehill of small, temporary physical indisposition, but there is also the opposite type, the shy, reticent individual, who sometimes refuses to give in until she has reached the point of breaking down, and often she is allowed to reach that stage unnoticed, and the fallen arch, the frequent sore throat, the little cough, the strained eye muscle, have sapped every bit of her interest and her strength. Some schools very wisely make each supervisor responsible for the physical well-being of the students on her wards. Each student is weighed every month, and her weight, with any observation of indisposition, incapacity, or disinterest in her work, is reported to the training school for investigation. By means of this arrangement incipient disease of one kind or another has often been recognized at an early stage, and disinterest, because of ill-health, has been minimized. A still better plan would be the introduction of the school nurse to entirely look after the health of the students.

The type and the amount of teaching in our training school has much to do with the fostering and maintaining of the interest of the nurse in her patient. A great deal can be done in the class-room or lecture hall, but this teaching, in order to be really effectual, must be followed up with clinics on the ward. Even in dealing with a subject like anatomy, the patient can be kept before the student. Take a lesson on the abdominal muscles, for instance. If here the teacher explains the meaning of hernia, illustrating the anatomy involved by means of drawing, charts, or lantern slides, and then follows up with clinical instruction on the ward, an association of ideas has been given the student on that particular piece of anatomy, and she is much more apt to remember the lesson and its meaning. Or take materia medica, probably one of the hardest subjects in which to arouse much interest. If the instructor can take her class in little groups around the hospital and show signs of therapeutic action here, and symptoms of overdosing there, the student is stimulated to observe for herself, and the patient in her charge gets better and more intelligent attention.

Every subject taught, every clinic given, however small, must be shown to have a very definite and important part in caring for the patient.

Each nurse must be trained to realize that however young, however inexperienced she yet may be, her piece of work is a contribution to the whole, and invariably leaves its measure of influence, whether for good

or ill. This teaching, of course, will necessitate doing away with a great deal of the cleaning, dusting and arranging of linen that could and ought to be given over to ward maids, but we are reaching a stage of nursing development when no lesser measures will be adequate to meet the needs of the student.

Our supervisors should all be trained to teach, to complement the work in the class-room, or demonstration room, with follow-up instruction at the bedside. It is a good plan to assemble this group from time to time, explaining the curriculum, going over the methods taught, asking for suggestions and soliciting their co-operation on the wards in this regard.

Bedside clinics, with the attending physician or surgeon, with the house surgeon or with the supervisor, should be advocated and encouraged. The student should be taught to find out from the chart or from her patient the history of the case, the nature of the illness, and the reason for every treatment or medication, with the observation of effects.

The importance of giving lectures on psychology and social service work to the student nurse cannot be overestimated. To know all is to understand all. Unless the living conditions, the physical, mental, and moral environment of the patient and its relationship on mind and body is known and understood, the student cannot possibly get that breadth of vision which alone creates an intelligent understanding of, and sympathy with, the needs and the vagaries of her patient, and a knowledge of how to meet them.

Shall we not, then, see to it that, as far as it lies in our power, everything shall be done to attract the desirable student, to keep her physically fit, to obtain for her an environment which will help to give "a heart at leisure from itself," and a type of teaching which will be conducive to the best interest of the patient, and the highest development of the student herself?

MARY E. MARTIN,
Superintendent Winnipeg General Hospital.

(Read at the C. A. N. E. Convention, Toronto, June, 1923.)

CARE OF THE HAIR

1. Wash the hair frequently enough to keep the glands open.
2. Dry it thoroughly with hot air.
3. Do not have your hair singed or doused with tonic. These are useless measures.
4. If the hair is dry, rub in a mixture of three to six teaspoonsful of castor oil in a pint of alcohol, or bay rum.
5. Any marked change in the condition of the scalp calls for attention from a skin specialist and not a "beauty doctor," as there may be some constitutional cause for it, especially some glandular disturbance.

Hospitals and Nurses

QUEBEC

Royal Victoria Hospital, Montreal

Miss Edith Moffat (1902) has accepted the position of Operating Room Supervisor in the Wellesley Hospital, Toronto.

Miss Fanny Munroe (1914) has been appointed second assistant at the Buffalo General Hospital.

Miss Milla MacLellan (1915) is now in charge of the Ross Pavilion.

Miss Etta Binning (1921) has accepted a position at the hospital, Lake Placid, N. Y. Miss Eleanor O'Neill (1919) and Miss Mildred Hammond (1922) are doing private duty there.

The following members of the 1923 class are holding positions at the R. V. H.: Misses Dart, J. MacKay, Fisher, Flanagan, and Cameron.

Dr. and Mrs. MacArthur (Barbara Lamont, 1899), of West Kilbride, Scotland, who have been visiting relatives in Canada this summer, called to see their friends at the R. V. H. before sailing for Glasgow.

* * * *

ONTARIO

London.

The graduation exercises of the 1923 class of Victoria Hospital where held recently, when 34 nurses received diplomas and badges. Addresses by Dr. F. H. Pratten, Lieut.-Col. Gartshore, and the chairman, Mr. James Gray, were most interesting to all. The diplomas were presented by Mr. John W. Laidlaw to the following: Misses L. R. Jackson, E. A. Thompson, G. B. Tiffen, E. M. Allen, K. H. Lazenby, E. A. Uren, V. G. Piercey, L. C. Ironside, M. M. Armstrong, E. A. Blair, D. L. Wallis, T. Otter, A. Stirrett, B. J. Leonard, N. M. Walters, N. E. Newcombe, F. M. Jardine, H. A. Moscrip, A. F. Bryant, F. O. Graham, V. E. Wigmore, M. Smith, V. M. Blashill, A. A. Cahill, H. J. Smith, R. I. Scott, M. L. Wallis, J. M. Lotan, A. R. Williams, G. I. Orchard, M. R. Sherritt, M. W. Stevenson, M. V. Brickenden, and G. G. Appleyard. A short musical programme was much appreciated. This was followed by a delightful reception given by the Superintendent and the graduating class to their friends in the evening at the nurses' residence. The Alumnae also entertained the 1923 class at a euchre and tea. Mrs. Walter Cumming and Miss Agnes Malloch were in charge of the arrangements.

Miss Margaret Jones has received the appointment as Supervisor of the War Memorial Children's Hospital. This will be administered from Victoria Hospital in the same way as other departments of that hospital are. Miss Jones is a graduate of Victoria Hospital, with post-graduate experience in children's work in New York.

About 65 members of the Alumnae Association held their annual picnic at Springbank recently. The general convenor was Miss Annie Mackenzie.

Miss Helen Bapty was the speaker at a recent meeting of the Public Health Nurses' Association on mothers' pensions. Miss Bapty is the Inspector for Middlesex and Huron counties.

Miss E. A. Gillies (St. Catharines G. & M. Hospital), Misses A. Bodkin, Cameron, Cunningham, and Mrs. A. C. Joseph were among those attending the summer institute for private duty nurses held at the University of Toronto.

Strathroy.

The laying of the cornerstone of the Nurses' Home in connection with the Strathroy General Hospital took place July 25th with a large attendance, which included Miss Morton, the Superintendent of the hospital, and her staff, the Mayor and councillors, doctors and clergy, and the members of the Hospital Auxiliary. This building is the gift of two citizens, Mr. J. W. Cameron and his son-in-law, Mr. A. W. Bixel, in memory of their wives. When this home

is completed it will be modern in all respects and with every comfort for the nurses. The stone was laid by Rev. J. A. Shaver, which was followed by several addresses by prominent citizens. At the close lunch was served and a social hour enjoyed.

The annual meeting of the Alumnae Association was held on Aug. 2nd at the hospital. In this, the first year of the association, thirteen new members were enrolled, as well as several associate members. Reports from officers showed much interest taken in the new organization. In addition to the members, Mrs. Meecham, President of the Collingwood Hospital Board, was present, and showed much interest in the meeting. An address was given by Dr. C. H. McDougall on "Diabetes." The officers are: Hon. President, Miss Morton; President, Mrs. Chas. Holt; Vice-President, Mrs. E. Fitzpatrick; Secretary, Mrs. Susie Craik; Treasurer, Miss L. Lewis; and Press Secretary, Miss W. Hughes.

Toronto General Hospital

Mrs. Cadenhead, who for some years has been in charge of the obstetrical floor of the private patients' pavilion, has accepted the position of Matron of the Preparatory School, Upper Canada College, and took up her new duties on Sept. 1st.

Miss May Morley (1920) has left to take charge of the new hospital at Dryden, Ont., which is under the Red Cross Society. Miss Mabel Sharpe (1919) is in charge at Haileybury.

Miss Dorothy Wright (1921) has taken a position in the social service department, T. G. H. Miss Eva Christie (1921) has accepted a position on the staff of the medical clinic of the same department.

Miss Gordon Lovell has resigned from the staff of the social service department and has accepted a position with the city hall department.

Guelph.

Miss Mary Stewart, Superintendent of the General Hospital since 1920, has resigned and is now at the Children's Memorial Hospital, Chicago. She is succeeded by Miss A. Schafer, graduate of Guelph General Hospital, 1921, who has been assistant to Miss Stewart since her graduation. Miss Agnew, Operating Room Supervisor, has resigned. Miss B. Anderson (1920) has been appointed Night Supervisor, formerly filled by Miss Tullock of the R. V. H., Montreal. Miss E. Clark (Toronto Western Hospital) has been appointed Floor Supervisor.

About 35 graduates from the Guelph General Hospital and St. Joseph's Hospital, Guelph, took advantage of the private duty course given in Toronto in August. Much of the credit of arranging for this course is due to Miss Carruthers, convenor of the Private Duty Nurses' Committee, and a vote of thanks to her was accompanied by a large bouquet of pink roses.

Hospital for Sick Children, Toronto

Miss M. Dennison (1916) and Miss M. Ingham (1917) have been appointed instructors for the coming year at the Hospital for Sick Children.

Miss Potts, the former Superintendent of the Hospital for Sick Children, was in Toronto for three days during the month of July. An informal reception was held for her at the residence.

Dr. Banting has been appointed to the staff of the Sick Children's Hospital in charge of the diabetic work.

Miss Watt (Class 1923) is taking a course in O. R. work at the Montreal General Hospital.

Miss D. Cameron (1922) and Miss E. Grew (1923) are the scholarship nurses taking the teachers' course at McGill University this winter.

Miss Janet Avery (Class 1921) is now on permanent duty on the Empress of Scotland.

Miss Marion Ruddick (Class 1914) is spending the summer in Canada. Since demobilizing from the C. A. M. C., Miss Ruddick has nursed in Serbia and Montenegro, but is now in London studying the violin. Her address is No. 15, Bramerton St., Chelsea, S. W. 3, where friends from Canada would be made very welcome.

Miss A. Ingham (Class 1921) has taken charge of a ward at the Bridgeport General Hospital, U. S. A.

BRITISH COLUMBIA

Mrs. Anna Stabler, R.N., and Miss Isabel Jaffares, of the staff of the Provincial Red Cross Nursing Service, left at extremely short notice for Japan to do emergency public health work in that country.

Miss M. P. Macmillan (Winnipeg General Hospital) has resigned her position as Night Superintendent of the Vancouver General Hospital and has left for California.

Mrs. Eva Calhoun, R.N., Superintendent of the Vancouver Branch of the V. O. N., has returned to duty after a most interesting year spent at the University of Ann Arbor, Mich.

Miss C. Sage has been recently appointed Superintendent of the General Hospital, Prince George.

Miss Isabel Smith, R.N. (Nicholl Hospital, Peterboro), has been appointed to the staff of the Royal Columbian Hospital, New Westminster, B. C.

BIRTHS

Blue—At the Private Patient Pavilion, Toronto General Hospital, to Mr. and Mrs. A. W. Blue (Alice Gifford, T. G. H., 1919), on July 20th, 1923, a daughter.

Brown—In Toronto, to Mr. and Mrs. Brown (Irene Beayley, T. G. H., 1917), a daughter.

Clark—To Mr. and Mrs. Clark (Adelaide Campbell, T. G. H., 1918), of Toronto, July 29th, 1923, a son (Thomas Campbell).

Fleming—At the Private Patient Pavilion, Toronto, August 3rd, 1923, to Mr. and Mrs. Gordon Fleming (Marjory Malcolmson, T. G. H., 1919), a daughter (Betty Jean).

McClelland—In Toronto, June, 1923, to Dr. and Mrs. J. McClelland (Alva Lewis, T. G. H., 1919), a daughter.

Smith—In the Private Patient Pavilion, Toronto General Hospital, Aug. 7th, 1923, to Mr. and Mrs. Smith (Edna Fetcher, T. G. H., 1915), a son.

Smith—At North Vancouver General Hospital, North Vancouver, B. C., on September 1st, 1923, to Dr. and Mrs. Lee Smith (Jewel Sigsworth, Vancouver General Hospital), a daughter.

Stoughton—On June 19th, 1923, to Dr. and Mrs. Dwight H. Stoughton (Aileen Dickson-Otty, Royal Victoria Hospital, 1918), a daughter (Aileen Winslow).

MARRIAGES

Carpenter-Cruise—At Lachute, Que., on September 12th, 1923, by the Rev. J. F. Forsythe, Tessie Ruby Cruise (Royal Victoria Hospital, Montreal, 1920), daughter of Mr. and Mrs. John Cruise, to Robert Emery Carpenter, of Buffalo, N. Y., formerly of Lachute, Que.

Coles-Starratt—At Moncton, N. B., on August 21st, 1923, Elizabeth C. Starratt (Royal Victoria Hospital, 1921), daughter of Mr. W. W. P. Starratt, to James William Coles, both of Moncton, N. B.

Conway-Derbyshire—At the Methodist Church, Westport, Ont., August 1st, 1923, by Rev. F. Harton, Abigail Derbyshire (Wellesley Hospital, Toronto, 1921), to Dr. Harry R. Conway, Toronto.

Emmons-Babbit—At the First Baptist Church, Vancouver, B. C., by the Rev. A. W. McLeod, of North Vancouver, B. C., September 12th, 1923, Blanche M. Babbit (Vancouver General Hospital) to Edward F. Emmons, of Britannia Beach, B. C.

Golding-Fisher—At St. Luke's Church, Chatham, N. B., on June 27th, 1923, Mary Kathleen Fisher (Royal Victoria Hospital, 1920), to Kenneth Logan Golding.

Hanley-Simpson—In Toronto, Sept. 12th, 1923, Margaret Simpson (Toronto General Hospital, 1920), to Dr. Thomas Hanley, of Toronto.

Knox-McKay—At Mimico Beach, Ont., Sept. 5th, 1923, Mary McKay (Toronto General Hospital, 1919), to Mr. Vernon Knox, Toronto.

Law-Hyndman—At Toronto, Ont., on July 27th, 1923, Janet Paton Hyndman (Royal Victoria Hospital, 1919), daughter of William Hyndman, of Toronto, to Ronald Graham Law.

Low-Vanduzer—At Trinity Methodist Church, Toronto, September 1st, 1923, Doris Vanduzer (Toronto General Hospital, 1918), to Dr. Donald M. Low, of Toronto.

MacInnis-Maclennan—At the Westminster Presbyterian Church, Windsor, Ont., on August 8th, 1923, by the Rev. G. Melvin, Christina M. Maclennan (Wellesley Hospital, Toronto, 1921), to Mr. J. A. MacInnis, of Sault Ste. Marie, Ont.

McClellan-McIntosh—At St. Stephen's Church, Toronto, on June 11th, 1923, Bertha McIntosh (Victoria Hospital, London), to Dufferin J. McClellan.

McNaught-McNaught—At West Moncton, N. B., June 22nd, 1923, Edna McNaught (Toronto General Hospital) to David McNaught, Toronto.

Parks-Cameron—In Toronto, Sept. 5th, 1923, Helen Cameron (Toronto General Hospital, 1918), to Dr. Wilfred Parks, Toronto.

Pritchett-Adams—Recently, in London, Ont., by the Rev. George Watts, Madeline Garland Pritchett (Victoria Hospital, London), to Dr. Leonard W. Pritchett. They will reside at 211 Queens Avenue, London.

Simpson-Wheaton—In Halifax, N. S., Sept., 1923, Elizabeth Wheaton (Toronto General Hospital, 1923), to Dr. Roy Simpson.

Tripp-Thorpe—On September 1st, Alice K. Thorpe (Vancouver General Hospital, 1923), to T. E. Tripp, Royal Canadian Mounted Police.

Walker-Cameron—At the Church of St. Andrew and St. Paul, Montreal, on August 1st, 1923, by the Rev. Dr. Scott Isabel Cameron (Royal Victoria Hospital, 1913), daughter of the late J. A. Cameron, of New Glasgow, N. S., to Charles J. Walker, of Montreal.

Wills-McBeath—At Madoc, Ont., Sept. 5th, 1923, Anne McBeath (Wellesley Hospital, Toronto, 1921), to Mr. James Wills, of Toronto.

A NEW LOCAL ANAESTHETIC

Discovery of a new local anaesthetic to be used as a substitute for cocaine, in anaesthesia, was recently announced by the University of Illinois, in whose laboratories the product was perfected.

This new product is structurally related to both cocaine and Procaine, but clinical tests have shown it to be superior to cocaine in practically every respect. For example, it is less toxic in the concentrations required for effective anaesthesia; its solutions may be boiled without decomposition; it causes no dilation of the pupil of the eye, nor drying up of its secretions. It is less irritant than cocaine and much more rapid in its action. The anaesthesia produced by this new product is of longer duration, and its solutions are slightly antiseptic.—*The Trained Nurse.*

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Bellevue Hospital offers to graduate nurses $85.00 per month, with maintenance, for night duty.

Address General Superintendent of Training Schools, Bellevue Hospital, New York City.

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Wanted—Graduate nurses for general duty in new obstetrical pavilion. Salary, $80.00 (eighty dollars), and complete maintenance.

Address, Principal, Hartford Hospital, Hartford, Connecticut.

WANTED

Two general duty nurses; bed capacity, 100; public; Ohio city location. Salary, $85 for day, $90 for night duty. No. 112 F. Azone's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Night nurse, general floor, by September 1st; bed capacity 14; Ohio location. Salary, $90, full maintenance. No. 111 F, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

WANTED

Nurses considering coming to New York for fall and winter months will find a very desirable home at 106 W. 61st St., New York City. This home is under new management. For particulars, apply

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The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$30.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

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Apply to the Dean, H. W. HILL, M.D., D.P.H., L.M.C.C., or to the Director, MISS M. E. MCDERMID, R.N.

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An Examination for Registered Nurses' Certificates in British Columbia will be held in accredited Training schools of the Province, on Wednesday, Thursday and Friday, Nov. 7th, 8th and 9th, 1923.

Names of candidates writing must be in the office of the Registrar no later than October 5th, 1923.

Full instructions to candidates may be obtained from the Registrar or at the hospitals where examinations are to be held.

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The course comprises lectures and classroom instruction (55 hours), laboratory technic, clinics, demonstrations, and practical work in wards.

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For circular and further information, address

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THE NURSE

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And the first, faint cry of the born;
And wavering souls have brushed me,
As they sought their own in the morn.

I have looked upon sorrow and suffering,
And engaged the battalions of pain;
Trampled them under in triumph,
And forth to the battle again.

Alone, through the long night watches,
I have seen the day-star rise;
But I've glimpsed more of heaven
In fading, triumphant eyes.

I've raised the head of the dying;
And shrouded the face of the dead;
And bathed the warm limbs of the new-born,
To carry the race ahead.

CHARLOTTE WHITTON.

Irresolution frames a thousand horrors, embodying each.

J. MARTYN.

VALUABLE PEOPLE.

The value of a single man or woman of open mind, independent judgment, and moral courage, who requires to be convinced and refuses to be cajoled, is only concerned to be right and not afraid to be singular, deferring to reason but not to rank, true to their own self, and therefore not false to any man—the value of such a man or woman, I say, is priceless; a nation of such would leaven and regenerate the world.—PROFESSOR JAMES WARD.

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Regular Monthly Meeting, third Wednesday at 8 p.m.

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Honorary President, Miss J. Craig; President, Mrs. James Pollock; First Vice-President, Miss G. T. Lewis; Second Vice-President, Miss L. Sutton; Treasurer, Miss J. Craig; Secretary, Miss B. A. Dyck, Western Hospital, Montreal.

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Convenor of Programme Committee—Mrs. A. F. Argue.

Convenor of Membership Committee—Mrs. A. Gammell.

Convenor of General Nursing Committee—Miss B. A. Birch, Western Hospital.

Representative to "Canadian Nurse"—Miss C. Nixon.

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Executive Committee—Miss S. E. Young, Miss F. M. Shaw, Miss I. Davies, Miss E. Cowen, Miss E. Handcock.

Sick Visiting Committee—Miss G. Nichol, convenor; Miss W. Scott, Miss Home, Miss McGreer.

Representative to "Canadian Nurse"—Miss A. Jamieson, 10 Bishop St., Montreal. Representatives to Local Council of Women—Mrs. Anderson Lamb, Miss Hardinge.

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Convenor of Griffintown Club—Miss Georgie H. Colley, R.N., 261 Melville Avenue, Westmount. Regular Meeting—First Tuesday in each month at 8 p.m.

SARNIA GENERAL HOSPITAL ALUMNAE

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Correspondent to "Canadian Nurse"—Miss Mabel R. Hoy, 495 Pelissier Street, Windsor, Ont.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

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President, Miss Agnes Malloch, 784 Colborne St.; First Vice-President, Miss Annie McKenzie; Second Vice-President, Miss Mabel Laur; Secretary, Miss Beatrice Smith, 95 High St.; Treasurer, Mrs. Walter Cummins, 95 High St.

Representative for "Canadian Nurse"—Mrs. A. C. Joseph, 499 Oxford St.

Representatives to Local Council of Women—Mrs. J. Stapleton, Mrs. F. McLachlin, Miss F. B. McGugan and Miss E. Raymond.

Representatives to Social Service Council—Mrs. M. Patterson, Mrs. W. Cummins, Mrs. A. C. Joseph and Miss Ada Brown.

Advisory Committee—Mrs. Gibson, Misses Mortimer, Bice, McPherson, McMillan and Guest.

Programme Committee—Mrs. Eyre, Misses White, Ashplant, Foster and McLaurin.

Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONTARIO.

Honorary President, Mother M. St. Roch; Honorary Vice-President, Sister M. Patricia; President, Mrs. Walter C. Dodd, 403 McKenzie Avenue, London, Ont.; First Vice-President, Miss Emma Harkness; Second Vice-President, Miss Kathleen Webb; Treasurer, Miss Monica Etherington; Recording Secretary, Miss Lillian Jones, 591 Princess Avenue, London, Ont.; Corresponding Secretary, Miss Emma Moss, 999 Lorne avenue.

Monthly Meeting—Third Wednesday, at St. Joseph's Assembly Hall.

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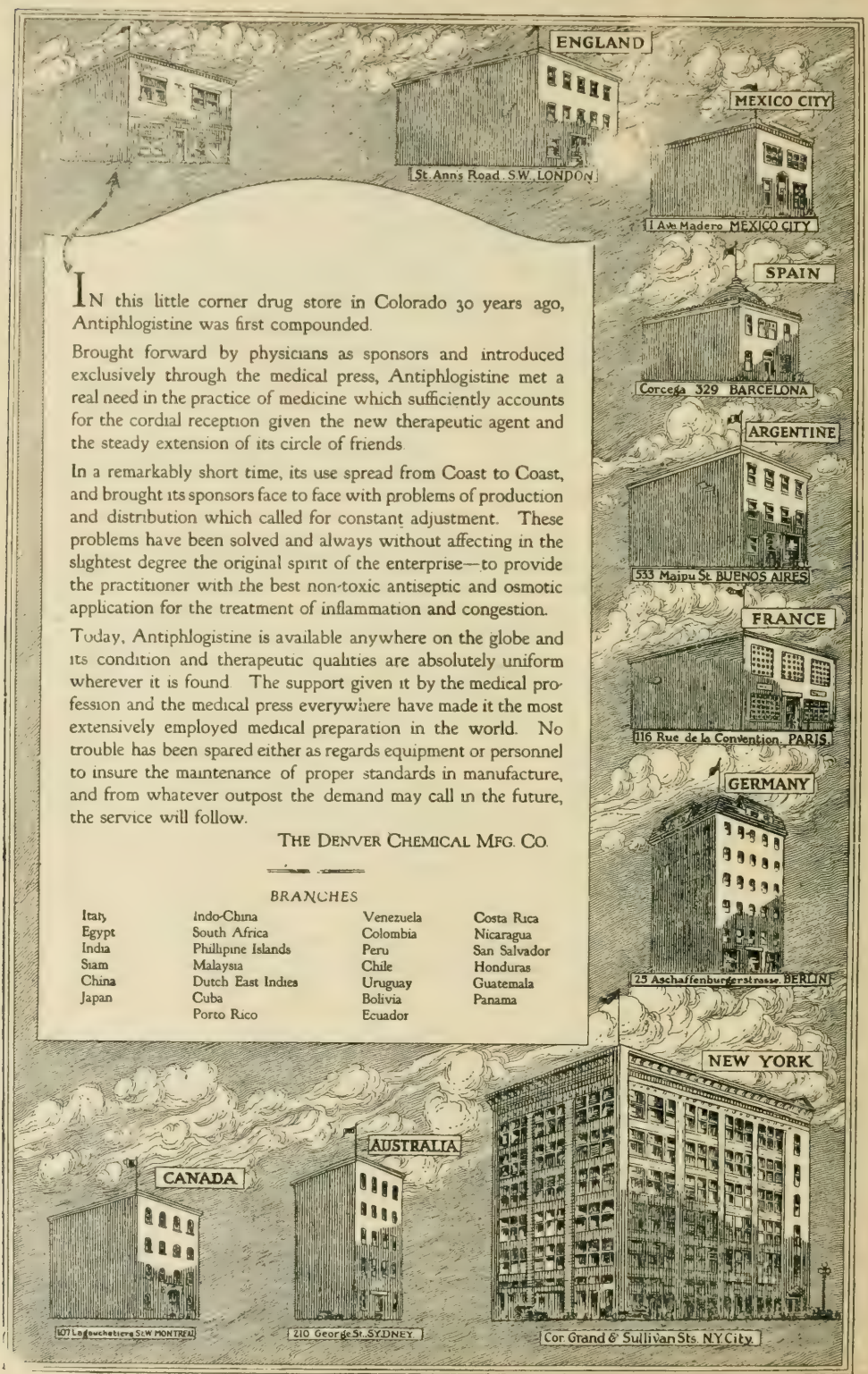

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Nominating Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

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Representatives to Central Registry—Misses E. Dea and R. Waterson.

Representative to "Canadian Nurse" Magazine—Miss Bayley.

Representatives to Local Council of Women—Mrs. Devitt, Mrs. Hidges, Mrs. Viau and Miss G. Evans.

Board of Directors composed of one member of each class numbering 22.

Regular Meetings—First Friday in each month, 8 p.m.

Regular Meetings, First Friday of each month at 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA.

Hon. President, Miss M. A. Catton; President, Miss Gertrude P. Garvin, Isolation Hospital; Vice-President, Mrs. L. M. Dawson; Recording Secretary, Mrs. D. S. Johnston; Corresponding Secretary, Miss Gertrude M. Bennett, Royal Ottawa Sanitarium; Treasurer, Mrs. A. J. Nettleton, 165 Florence St.

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Representatives to Local Council of Women are the officers.

Meeting, Third Thursday at 8 p.m.

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(Incorporated 1918) **Officers, 1923-1924.**

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(Affiliated Members of G. N. A. of Ontario)

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Councillors—Miss Evelyn Cunningham, Miss Vina Humphries, Miss Ruth Jones, Miss Eva Bullen, Mrs. C. K. Graham.

GRADUATE NURSES' ASSOCIATION OF ONTARIO

Incorporated 1908.

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Directors—Miss G. Fairley, Hamilton; Miss E. MacP. Dickson, Weston; Miss Margaret Hall, Brantford; Miss L. Rogers, Kingston; Miss E. H. Dyke, Toronto; Miss M. I. Foy, Toronto; Miss Agnes Malloch, London; Miss E. Gaskell, Toronto; Miss Helen Carruthers, Toronto; Miss Jean I. Gunn, Toronto; Miss E. J. Jamieson, Toronto; Miss K. Mathieson, Toronto; Mrs. Bilger, Kitchener; Miss Hanna, Hamilton; Miss McArthur, Owen Sound; Miss Brennan, Hamilton; Miss Gertrude Evans, Ottawa.

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WESTERN RESERVE UNIVERSITY

In the interest of obstetrical nursing, this institution has assumed the responsibility of a three-year course. This course has been planned for students who wish to major in obstetrics. Opportunity to study all branches of obstetrical nursing will be given the student in the last eight months of the senior year.

The fundamental studies are arranged for through affiliation with General Hospitals.

OUTLINE OF COURSE

Preliminary Course	4 months
Medical Nursing	6 months
Surgical Nursing	3 months
Operating Room	2 months
Children's Nursing	3 months
Diet Kitchen	2 months
Contagious	2 months
Eye, Ear, Nose, Throat, Tuberculosis, Mental and Skin	6 months

Maternity Hospital—Last 8 months

Mothers	2 months
Babies	2 months
Delivery Room	1 month
Dispensaries—Prenatal, Delivery, Post-Partum and Social Service	2 months
Milk Laboratories	1 month

Books, uniforms and maintenance throughout. Four weeks vacation yearly.

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Arranged for graduates of accredited schools. This includes 6 weeks dispensary—prenatal, delivery and post-partum—service which is recognized and accepted by public health organizations throughout the country. Maintenance, and a monthly allowance of $25.00 for books and uniforms.

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Prepared for students of schools with limited or no obstetrical service.

Babies	1 month
Mothers	3 weeks
Delivery Room	3 weeks
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Apply Superintendent, Maternity Hospital,
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"Canadian Nurse" Representative—Miss Lily McTague, c/o Mr. J. J. Forbes, Eley Street, Kitchener.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

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Represantive to "Canadian Nurse"—Miss Ada L. Weseloh.

Regular Meetings—Second Thursday of each Month.

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Registry Treasurer—Miss Neish, 308 University Avenue, Kingston, Ont.

"Canadian Nurse" and Press Representative—Miss Anna M. Goodfriend, 256 Princess Street, Kingston, Ont.

OSHAWA HOSPITAL ALUMNAE ASSOCIATION, OSHAWA, ONTARIO

Honorary President, Miss E. MacWilliams, Superintendent of Hospital; President, Miss A. C. Scott; Vice-President, Mrs. C. E. Hare; Secretary-Treasurer, Miss Emma Sieling, Nurses' Residence, Oshawa General Hospital; Corresponding Secretary, Miss Laura Huck.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

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Convener of Programme Committee—Miss Sim.

Convener of Flower and Sick Committee—Miss Falls.

Press and Representative to "Canadian Nurse"—Mrs. D. Finlay.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

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Representative to "Canadian Nurse"—Miss Fagan, 49 Spadina Avenue.

Representatives to Local Council of Women—Miss Nally, 213 Cannon Street, East; Miss Egan, Alexander Apartments, King Street, East.

Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

Executive Committee—Miss Boyes, 17 East Avenue, South; Miss Grant, Alexander Apartments, King Street, East; Miss Blatz, 179 Charlton Avenue, East; Miss Cartmell, 179 Charlton Avenue, East; Miss Himmen, 168 Walnut Street, South.

Corresponding Secretary—Miss Bedford, 2 Holden Apartments, Barton Street, East.

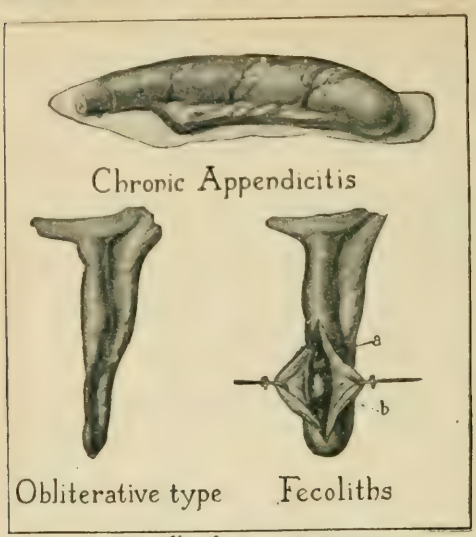
Private Duty Nurse Representative—Miss Murray, 21 Gladstone Avenue.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

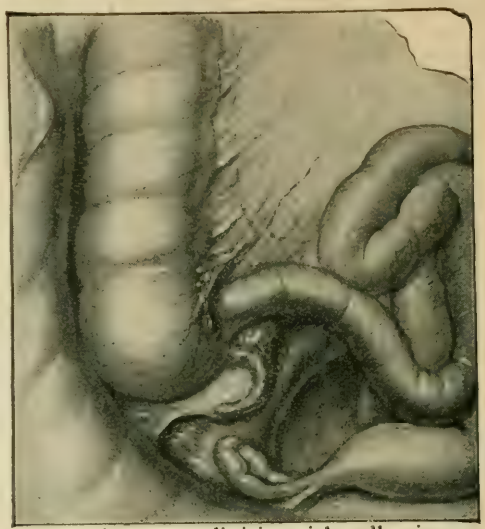
Chairman, Miss H. R. Macdonald, 38 Herkimer Street, Hamilton; Vice-President, Miss Grace Fairley, Hamilton General Hospital; Secretary, Miss Service, 25 Arthur Avenue, Hamilton; Treasurer, Miss Betty Aitken, 549 Main Street, East, Hamilton.

Executive Committee—Miss Hulme, 164 Bay Street, South; Miss Carroll, 774 King Street, East; Miss McPherson, Hamilton General Hospital.

Representatives to the Local Council of Women—Misses Laidlaw and McPherson.



Appendicular appearances



Chronic appendicitis with adhesions

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AN EMINENT PHYSICIAN HAS DIVIDED APPENDICITIS INTO FOUR CLASSES:

1. *Gangrenous*—chances of recovery by surgical interference problematical.

2. *Pre-gangrenous*—single severe attack with major constitutional symptoms. Chances of recovery by surgical interference very good.

3. *Single mild attack*—surgery inadvisable. Medical treatment usually efficacious.

4. *Recurrent mild attacks or chronic appendicitis*—symptoms which clear up under ordinary dietetic and hygienic regimen.

A lubricant, he states, taken in cases of recurring attacks, has proven itself the best preventive measure yet devised.

As you know, the usual laxatives and cathartics or the bulk-producing diet resorted to so often in these cases, tend to bring on attacks; first by their irritant action on the intestinal mucous membrane and second, by the exaggerated bowel action which results. The latter action may carry hard waste material into the appendix or may exercise it when immobilization of the organ is th indication.

Nujol, because of its soothing, lubricating action and softening effect on the fecal matter, may prevent a recurrence of appendicial attacks or minimize the severity of these attacks.

Nujol, the ideal lubricant, is the therapeutic common denominator of all types of constipation. Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

Executive Committee—Miss I. Laidlaw, 212 James Street; Miss O. Watson, 608 King Street, East; Miss Cummings, 652 Main Street, East; Miss French, 501 Sherman Avenue, Mt. Top; Miss Nellie Wright, 222 Mountain Park Avenue.

Representatives to National Council of Women—Miss E. Taylor, Miss Burnett, Miss B. Aitken.

Central Registry Representatives—Mrs. Reynolds, Miss Kerr, Miss Roadhouse, Miss Pegg.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett, Miss Ainslie, Miss K. Peart.

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Officers elected for the coming year are as follows: Hon. President, Miss M. Forde, Superintendent B.G.H.; 1st Vice-President, Mrs. Caton, 154 Rawdon St.; President, Miss H. Doeringe, 67 Sheridan St.; Secretary, Miss T. Martin, 154 Rawdon St.; Assist. Secretary, Miss J. Edmunsden, Echo Place; Treasurer, Miss E. Jones, Instructress of Nurses, B.G.H.; Canadian Nurse Representative, Miss E. McKay, 121 Market St.; Flower Committee, Miss T. Westbrooke, 215 Chatham St., and Miss J. Wilson, 59 Dufferin Ave.

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Canadian Nurse Representative—Miss Maysie Marriott.

Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

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Honorary President, Sister M. Regis; Honorary Director, Sister M. Theodore; President, Miss Hazel Gray, Chatham, Ont.; Vice-President, Miss Felice Richardson, Chatham, Ont.; Secretary-Treasurer, Miss Grace Norton, Chatham, Ont.

Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss E. MacLean; President, Mrs. A. W. McClennan, 436 Palmerston Blvd.; Vice-President, Miss Ethel Waterman; Secretary-Treasurer, Mrs. W. J. Smithers, 40 Wellesley Street, Toronto.

Representative to the Ontario Private Duty Committee—Miss Mary Devins, 312 Glen Road, Toronto.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss E. Muriel McKee; President, Miss Jessie Cooper, 754 Bathurst St.; Vice-President, Miss Grace Sutton; Secretary-Treasurer, Mrs. Ethel Bell, 71 Indian Rd., Cr.; Recording Secretary, Mrs. Elizabeth Duff.

Representative to Toronto Chapter, Miss Alma Henderson.

Visiting Committee, Miss Malcom and Miss Fawcett.

Councillors—Mrs. Yorke, Mrs. Valentine, Miss Beckett, Miss Cooney, Miss Moore.

"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

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Honorary President, Mrs. J. W. Cook, Fort William, Ont.; President, Mrs. W. McClure, Fort William, Ont.; First Vice President, Miss Irene Holmes, Port Arthur, Ont.; Second Vice-President, Mrs. M. Wark, Port Arthur, Ont.; Third Vice-President, Mrs. S. Hancock, Fort William, Ont.; Treasurer, Miss T. Gerry, Fort William, Ont.; Recording Secretary, Miss Marjorie Strawson, Port Arthur, Ont.; Corresponding Secretary, Mrs. W. J. Stirrett, Port Arthur, Ont.

Convenor of Sick Visiting Committee—Mrs. O'Leary, Port Arthur, Ont.

Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Frances Sharpe; President, Miss Nora Montgomery; Vice-President, Miss Gladys Mill; Recording-Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill; Corresponding Secretary, Miss Gladys Jefferson; Treasurer, Miss Evelyn Peers.

Regular Monthly Meeting—Second Monday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

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THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

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NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

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Representative to "Canadian Nurse'—Miss Eva Archer, Assistant Superintendent Nicholls' Hospital, Peterboro.

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If any little song of ours can make one heart the lighter;
God help us speak that little word, and take our bit of singing,
And drop it in some lonely vale, and set the echoes ringing.

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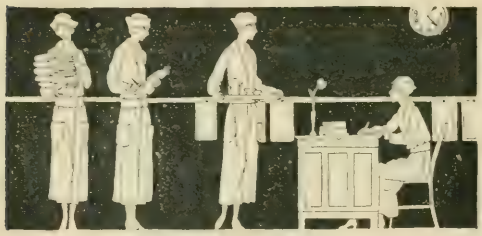

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THE

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A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XIX. VANCOUVER, B. C., NOVEMBER, 1923 NO. 11

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National Memorial Committee

Report of the meeting of the National Memorial Committee held Monday, October 1st, 1923.

TREASURER'S REPORT

The following report was read:

September 28, 1923.

Receipts—

Ontario	$15,557.62
Quebec	7,293.63
British Columbia	4,836.35
Saskatchewan	3,376.34
Manitoba	2,026.29
Alberta	1,816.55
Carried Forward	$34,906.78

Brought Forward	$34,906.78
New Brunswick	1,174.25
Nova Scotia	869.78
Prince Edward Island	324.90
United States	15.00
Interest	553.64
Total	$37,843.35
Expenditure	288.38
Balance	$37,554.97

KATHARINE L. DAVIDSON,
Treasurer.

It was decided that the secretary should now write each provincial committee, giving the National treasurer's statement, and asking that all collections should cease, as it is expected that the sum on hand will cover all expenses in connection with the memorial; also to thank each province for the work done during the collecting of these funds.

WORK OF THE BUSINESS COMMITTEE

This was reported by Miss Gunn. The committee had prepared an announcement of the conditions of the competition. This took the shape of an attractively illustrated folder, which was mailed to all the art schools of the country and to all the individual artists whose names had been submitted. Further, with Miss Gunn's help, an outline of the early history of nursing in Canada had been prepared and mailed to the artists as a source of information for them. This outline was taken from a paper, written by Miss M. L. Meiklejohn, which had been read at the second annual convention, Canadian Society of Superintendents of Training Schools for Nurses, Ottawa, October 8th, 1908.

The first designs must be sent in by the 15th day of October of this year.

A letter from Miss Mary C. Stewart was read offering her resignation from the National Committee, as she has moved to Chicago. It was moved by Miss Browne, seconded by Miss Hartley, that the resignation be accepted with regret.

It was decided that the next meeting should be called when need arises. It is hoped that some definite information as to the success of the competition will be in our possession by the first of December.

E. KATHLEEN RUSSELL,
Secretary.

Healing Cults

(Continued)

Surely, surely this reaches the climax of madness; and this is the system which claims the right to treat people in British Columbia.

Mrs. Eddy also says: "Our Master healed the sick, practised Christian healing, and taught the generalities of its Divine principle to His students; but He left no definite rule for demonstrating this principle of healing and preventing diseases. This rule remained to be discovered in Christian Science; a pure affection takes form in goodness, but science alone reveals the Divine principle of goodness and demonstrates its rule." So we leave Mrs. Eddy, in her own estimation, as greater than our Master.

Judge Smith, of Boston, speaking before Judge Hodgins in Toronto, argued that medical men often made mistakes in diagnosis, and should not be granted too great powers. But this argument puts the feet under his own position, and goes to prove that the medical standard should be raised still higher, rather than lowered to the level of the know-nothing Christian Science theory of disease and treatment. He tried to show that Christian Scientists are following the original practice of Christianity. Not so; for Mrs. Eddy claimed that she had made a new discovery; had received a special revelation, and declared that she had improved upon the plan and teachings of Christ, and then copyrighted the plan and made a great fortune out of it. This is certainly not in accordance with the teachings of Christ and His disciples. He also contended that Christian Science did not ignore disease, nor did it contribute to the spread of disease. We have clearly shown, from Mrs. Eddy, that all disease is a mere delusion of mortal mind, and is best cured by being completely ignored. Indeed, it should not even be named. Scientists know nothing about disease, and therefore cannot distinguish one disease from another.

Here one meets with an extraordinary statement. In the first place the child contracts a sickness because the mother thinks it will do so, having been exposed to a contagion. In the next place, Mrs. Eddy tells that if the thought had been the opposite of this the child would not have become ill. This sort of teaching is so absurd that one can hardly imagine that it is countenanced by anyone at this time of day and education. But the quotation contains a real contradiction; for she says that the child becomes sick because the mother is frightened. Now, it often happens that children are exposed to contagious diseases and no one knows it. In such a case the mother could not entertain a fear about what she had no knowledge.

This is her position, as found on page 471, line 24, when she says: "Man is incapable of sin, sickness and death. The real man cannot depart from holiness, nor can God, by whom man is evolved, engender the capacity or freedom to sin." This is further borne out by the statement elsewhere that "Health is not a condition of matter, but of mind; nor

can the senses bear reliable testimony to the subject of health." For arrogance and assumption, the following must be admitted as taking first place: "Truth has furnished the key to the kingdom, and with this Christian Science has opened the door of the human understanding. None may pick the lock nor enter by some other door. The ordinary teachings are material, not spiritual. Christian Science teaches only that which is spiritual and Divine, and not human. Christian Science is unerring and Divine."

Another quotation regarding the claims of Christian Science is taken from *Science and Health*: "Working out the rules of science in practice, the author has restored health in cases of both acute and chronic diseases in their severest forms. Secretions have been changed, the structure has been renewed, shortened limbs have been elongated, ankylosed joints have been made supple, and carious bones have been restored to healthy conditions. I have restored what is called the lost substance of the lungs, and healthy organizations have been established where disease was organic. Christian Science heals organic disease as surely as it heals what is called functional."

Chiropraxy.

In Mr. Justice Hodgins' report the following is found. "Dr. DuVal, who conducts the Canadian Chiropractic College at Hamilton, said to me, 'Chiropractic is a unique science. It has nothing in common with any other method, class, school or cult, neither in its science, philosophy, art, doctrine or principles on which it is based.'"

The theory sustaining this system presumes that, in consequence of displaced vertebra, the intervertebral foramina (openings) are occluded (closed) through which the spinal nerves pass. . . . In this way the nerves are pinched, and chiropractors assume that such pinching is responsible for 95 per cent. of all disease. Chiropractic concerns itself with an adjustment of the subluxations, thus removing the pressure on the nerves.

Dr. Palmer, who conducts the principal school of chiropractic in Davenport, Iowa, was present at one of the sessions of the commission, and, in the course of his address, said he did not teach pathology, except to enable a chiropractor to detect infection and refuse the case. As to bacteriology, he said the chiropractor did not believe in bacteria, and that bacteriology was the greatest of all gigantic farces ever invented for ignorance and incompetency, and, as to analysis of blood and urine, he considered it of no value."

He scouts bacteriology and chemistry, as follows: "They would compel us to study bacteriology. This also is of no value to the chiropractor, who does not consider that it is worth the infinitesimal mites to group and classify them, count their appendages, and try to memorize their names. There is also chemistry, which is a valuable science, but it has nothing in common with chiropractic, and cannot be made an adjunct to it."

According to the Palmer Catalogue, not a very recent one, students get from "six to twelve months'" actual practice. The catalogue says: "The course is divided into eighteen consecutive calendar months, comprising three collegiate years of six months each, all of which are continuous, there being no vacation periods."

(a) Leading chiropractors deride or disbelieve in such well-known and proved sciences as chemistry, bacteriology and pathology. Their teachings are based on error and are refuted by the accomplishments of the great minds in education, research, science and medicine.

(b) Their attitude toward these sciences shows their lack of sympathy for the first essentials in the prevention of epidemics and the regulation of public health.

(c) They declare that education and the ability to make a diagnosis are not essential for the intelligent treatment of human diseases and injuries.

(d) Their schools at most require only a common school education, a training insufficient to permit the student to intelligently undertake any but the most elementary course of study.

(e) The course of professional (?) instruction is too short to enable the student to obtain a training in the sciences necessary for the intelligent or safe practice of the healing art by any method.

(f) The school teaches and encourages its students to advertise, which they are doing, and using the same flagrant methods which have been employed by quacks since the beginning of medicine.

(g) Finally, the leaders of this cult openly urge their graduates to practice chiropractic in violation of the law, and have arranged, through the Universal Chiropractors' Association, to aid and abet them in such outlawry.

There is one thing common to all cults—they despise knowledge of the nature of the ailment they are trying to correct. Yet only those persist who come to accept the axiom that training in the fundamentals is necessary.

Laws regulating the practice of the healing art are (at least should be) in the interests of the general public, and should not favor any particular group of practitioners. It would be discriminating against the public to permit anyone to undertake to treat the sick unless he is properly qualified. Anyone assuming responsibility for the treatment of human diseases needs a training that will enable him to recognize the disease he is called upon to treat; otherwise his treatment is unscientific, dangerous guesswork, and as likely to do harm as good. Such training is needed, no matter whether drugs are employed or not, and no matter what "system" or method of treatment is used.

(To Be Continued.)

Editorial

October is past and the winter's work for each association well under way, and the suggestion has been given the Editor that it might help associations if any special work taken up by any of them be reported to the magazine. This we shall be glad to do. We have been too apt to consider our work as organizations complete when we have planned a programme of lectures and arranged for entertainments where we expect to get sufficient money to carry our own expenses, and fail to see the great opportunity knocking at our doors. The nurses of to-day are needed as perhaps never before to help educate the public as to what a school for nurses really is, and then to demonstrate to the public that the nurses graduating from such schools are doing their part faithfully. There is work to be done in making plans to present to the Educational Department of each province showing the need for better co-ordination of high school work with the work to be done in the training schools. In some provinces, if not in all, the work planned for the technical schools would help the future nurses but for the fact that they cannot matriculate and so lose the chance, which to-day is practically essential, of having matriculation standing for post-graduate work in any of our universities. We must insist at all times and to everybody, that no hospital has the right to be a training school for the modern nurse which does not have a high educational standard for entrance. The higher education is insisted on in the normal school for the education of the teacher, and the same standard can be made for the hospital school. We are allowing a situation which will prove a decided hardship for the future graduate nurse when we tolerate conditions as they exist in many schools. By educating the public, the parents of our future graduates, and talking in the schools to the students, will all bring the important point of proper educational preparation for our nurses, as well as for our teachers, to their attention.

* * * *

Postage Stamps are not to be used on Cheques or Receipts After October 1st, 1923

Subsection 2, of Section 10, of the Special War Revenue Act, dealing with stamp tax on receipts and cheques, came into operation on October 1st, after which date you will be required to use the *excise tax stamp* in place of the ordinary *postage stamp* that has been so commonly used in the past both on receipts and cheques.

Your particular attention is drawn to this matter to avoid the possibility of your cheques being dishonored in the event of your using postage stamps in place of excise tax stamps, as we understand from the banks that the use of *postage stamps* on cheques will, to all intents and purposes, be construed as unstamped.

National Office, Canadian National of Trained Nurses

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a national office for the association has been established at 609 Boyd Building, Winnipeg, Man., with Miss Jean S. Wilson, R.N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarters office with a full-time secretary, and at the annual meeting held in Edmonton in June, 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a Bureau of Information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is charged for any assistance received through the National office.

The duties of the treasurer and archivist have been delegated to the executive secretary.

* * * *

The following extract from the Registration Act of Pennsylvania has been sent to this office, with the request that it be published in order that some nurses who believe themselves in good standing in Pennsylvania may know that re-registration is required. Blanks may be had from Pennsylvania State Board of Examiners for Registration of Nurses, 34 S. 17th Street, Philadelphia, Pa.

PENNSYLVANIA RE-REGISTRATION

Extract from Act of Assembly, June 8, 1923:

"On or before the 1st day of November of each year, after the year one thousand nine hundred and twenty-three, the secretary of the Board shall mail to each registered nurse and licensed attendant in the State of Pennsylvania a blank application for re-registration, addressing the same in accordance with the postoffice address given at the last previous registration. Upon the receipt of such application blank, which shall contain space for the insertion of his or her name, office or postoffice address, date and number of his or her license, and such other information as the Board may deem necessary, he or she shall sign same with his or her name in his or her own handwriting, and fill out the address and other blanks in his or her own handwriting, after which he or she shall forward such statement and application for renewal of his or her registration certificate to the secretary of the Board, together with the fee of one dollar ($1.00) for registered nurse and fifty cents ($0.50) for licensed attendants. Upon

receipt of such application and fee, and having verified the accuracy of the same by comparison with the applicant's initial registration statements, the secretary of the Board shall issue a certificate of registration, which shall render the holder thereof a legally qualified registered nurse or licensed attendant, as the case may be, for the ensuing year.

"Said application and fee must reach the secretary on or before the 1st day of December following the adoption of this statute."

THE NURSE

I have known the gasp of the dying,
And the first faint cry of the born;
And wavering souls have brushed me
As they sought their own in the morn.

I have looked upon sorrow and suffering,
And engaged the battalions of pain;
Trampled them under in triumph,
And forth to the battle again.

Alone, through the long night watches,
I have seen the day-star rise;
But I've glimpsed more of heaven
In fading, triumphant eyes.

I've raised the head of the dying,
And shrouded the face of the dead;
And bathed the warm limbs of the new-born,
To carry the race ahead.

CHARLOTTE WHITTON.

UPLIFTING THOUGHTS

They tell me thou art rich, my country; gold
In glittering flood has poured into thy chest;
Thy flocks and herds increase, thy barns are pressed
With harvest, and thy stores can hardly hold
Their merchandise; unending trains are rolled
Along thy network rails of East and West;
Thou art enriched in all things bought and sold!
But dost thou prosper? Better news I crave,
Oh, dearest country, is it well with thee
Indeed, and is thy soul in health?
A nobler people, hearts more wisely brave,
And thoughts that lift men up and make them free,
These are prosperity and vital wealth.

HENRY VAN DYKE.

The World's Pulse

By Elizabeth Robinson Scovil

A Remarkable Conjunction

On the 10th of September there was an eclipse of the sun, visible in North America and attended by a conjunction which will not occur again in this century. The earth, the moon, the sun and Venus were practically in a straight line.

The British Empire Exhibition

The Canadian Government Exhibition Commission has issued a post-card asking, "Shall we have the pleasure of welcoming you to our pavilion next year?" About ten million dollars will have to be spent on this exhibition before it opens in London in 1924. Steamship fares are to be greatly reduced, and it will be an excellent opportunity to visit the Old Country.

A Zone of Silence

The great cenotaph erected in London to the glorious dead is to be surrounded for some distance on all sides with a paving of rubber. No matter how heavy the traffic, noise will automatically cease when it enters this silent zone.

Excavating a Roman City

The University of Manchester has undertaken the excavation of the ancient city of Viroenium. It has been entombed for fifteen centuries, and was founded by the Romans as a stronghold against the Welsh. Wroxeter on the Severn, in Shropshire, is built over it. Previous exploration has revealed remarkable architectural features. It has a town hall, baths, and other refinements of Roman civilization. The city was surrounded with a wall whose course can still be easily traced.

Secret Rays

It is believed that the Germans have discovered some secret means of damaging airplanes. Thirty French machines have been forced to descend on German soil and have been confiscated. It is known that the Germans are experimenting with a new force that can be projected through the air, and, coming in contact with metal, will generate heat enough to melt it.

A Princely Reader

When the Prince of Wales, as Lord Renfrew, crossed the Atlantic to Canada in the Empress of France, he read the lesson at the Sunday service held on board. The chapter, the thirteenth of 1 Corinthians, was read in clear, resonant tones, heard in every part of the great saloon.

A Cheap Insulin

It is reported in the daily press that a cheap substitute for insulin has been discovered which can be produced in quantities. It is a synthetic substance made by Oliver A. Newell, of London, by finding out the chemical constituents of insulin and combining them. It is a greenish powder which can be administered by mouth instead of hypodermically, and is said to be efficacious; though at this writing the medical tests are not complete.

London's Air Port

The British airways have just completed their fourth year of pioneer work; about 2,000,000 miles have been flown by the 100-mile-an-hour expresses since 1919, and 30,000 passengers carried. At the Croyden air port great liners arrive or leave almost every hour to or from Paris, Berlin, Cologne, Brussels, Budapest, Prague, and Warsaw. The fare for the flight to Berlin is the same as the first-class railway fare. The control officer in the high control tower knows the position of every plane in the air. He receives information from each one every twenty minutes and issues directions to them. There are switches controlling the aerodrome lights; one is pulled and an enormous glass-covered "T" flashes the exact wind direction for landing. Another is touched and an illuminated cone of 72,000 handlepower sends out a white light that at night can be seen twelve miles away. The flash of red lights means danger, and there is a flood light for night landing.

Nurse Marries a Prince

Miss Louise MacLachlan, of Chatham, Ontario, has married Prince Oleg Vladimir, a nephew of the Queen of Italy. Miss MacLachlan escaped from Smyrna when it was devastated in the war between Greece and Turkey. She went to Athens and joined the American Near-East Red Cross, which was controlled by the Dowager Queen Olga. King George of Greece called on Miss MacLachlan to express his appreciation of her work and introduced her to Prince Vladimir.

The Japanese Earthquake

One of the greatest earthquake disasters in history is the one that demolished the cities of Tokio and Yokohama early in September. Thirty thousand persons perished in the great open space of the military clothing depot in Tokio alone. Fire added to the horrors and many were roasted alive. A lady who was at Yokohama said, "It was terrible to see the children struggling through the ruined houses. Many were bleeding from their injuries. Strangely enough, few were crying; they looked more astonished than frightened. The loss of life cannot be exactly computed, but was well over 100,000."

News from the Medical World

By Elizabeth Robinson Scovil

Exhibition of Insulin

At the Canadian National Exhibition in Toronto, the University of Toronto showed the original utensils used by Dr. Banting in the preparation of insulin. He officially opened the exhibition. The university has converted the old Y.W.C.A. building into a plant for the manufacture of insulin.

Prevention of Venereal Disease

In an English report on the prevention of venereal disease, it is stated that promiscuous intercourse is the main cause of venereal disease; that there is no absolute preventive except continence; that a large number of sufferers are innocent persons; that syphilis is a disease of great gravity if not treated early; that it causes serious results and is transmissible to children.

Opthalmia Neonatorum

A physician states that blindness from opthalmia neonatorum can and should be prevented. He carries in his bag a solution of silver nitrate, one per cent., and never neglects to use it on the eyes of the new-born infant. The State of Illinois furnishes the solution in beeswax ampules.

Children in Large Families

A German investigator states that the child mortality in large families increases 15 per cent. with four children, 32 per cent. with seven, and over 50 per cent. with ten or more. The physical development is under normal, especially from the third to the sixth year and in the later children. The over-crowding in the home is most injurious to the younger children.

Vital Statistics

The Dominion Bureau of Statistics has published a preliminary summary of births, deaths and marriages for 1922. The total birth rate for eight provinces was 24.8 per thousand, compared with 26.3 the previous year. British Columbia has the lowest birth rate, 18.0, and New Brunswick the highest, 29.2. The latter also had the highest infant mortality, 103.7, and British Columbia the lowest, 64.6. Maternal deaths were 5.5 per thousand living births, Alberta having the highest percentage, 6.90, and Prince Edward Island the lowest, 3.4. Puerperal albuminuria and convulsions caused most of the deaths. The death rate per thousand was 10.4; in 1921 it was 10.6. There were 75 deaths from cancer in every thousand and 68 from tuberculosis. The marriage rate was 7.3 to 8.0 in 1921.

Antenatal Care

In a paper on this subject in the *American Medical Association Journal*, some interesting facts are stated. Twenty-four women who showed every symptom of abortion were treated by absolute rest in bed and doses of morphin and atropin, pushed to the physiologic limit, and had living children at term. A small series of cases giving a history of habitual abortion was treated with hypodermic injection of corpus luteum during the first three months of pregnancy. A number of the women gave birth to normal living infants for the first time. The writer believes that maternal deaths from toxaemia and infection can be virtually eliminated by proper instruction, preparation, supervision and treatment of mothers during the periods of gestation, parturition and the puerperium.

Radium

The total supply of radium in the United States is reported to be about 100 grams, most of which is owned by physicians. Rich deposits of radium have been found recently in the African Congo. Although it is richer than that found in Colorado, it yields only one part of radium to 5,000,000 parts of ore.

A Breast Milk Dairy

Dr. Henry Dwight Chapin, the well-known specialist in children's diseases, describes a station in New York where mothers come daily for the purpose of expressing from their breasts the milk not needed by their own babies. It is mixed, then bottled, and the persons to whom it is sold are required to pasteurize it before using. It has been found that human milk can be fed from a bottle. Any period of lactation will usually fit a baby of any age. Its use during the first month or two of life materially reduces infant mortality. Maternity hospitals and health centres are advised to establish similar undertakings.

A Great Discovery

Great Britain proposes to honor Sir Ronald Ross by establishing a Ross Institute in London for research into the problems of tropical medicine and diseases. Sir Ronald Ross was the discoverer of the fact that the mosquito is the transmitter of malaria to man. His discovery ranks with those of Pasteur, Lister and Jenner.

Nurses Caring for Indians

Three Red Cross nurses are doing public health work in Indian reservations in the United States. The expense is borne by the American Red Cross.

Children in Institutions

It has been noted that strikingly good health and excellent nutrition can be maintained in an institution. Some simple rules must be observed. Regularity in habits of eating and sleep, rest and exercise, liberal but simple diet, and freedom from contact infections.

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss Laura Holland, 22 Prince Arthur Avenue, Toronto, Convenor.

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Profession, Patient and Public

By Allan Craig, M.D.,
Associate Director American College of Surgeons,
State and Provincial Activities.

In the establishment of the minimum standard for hospitals by the American College of Surgeons, the object has been to render a better service to the public as well as to the profession. Our hospitals are built and run for the benefit of the patient. They are not for the convenience of doctors and nurses. In this enlightened day the medical and nursing professions cannot stand behind a veil of scientific mystery, but must take a leading place in the movement for better health, realizing a definite public responsibility and obligation.

The field of nursing, like the practice of medicine, has, within the last few years, become rapidly divided into specialties. More and more the nurse has been delving into the field of science until the term "nurse" no longer holds its old-time meaning, applying to one who has to do directly with the care of the sick. The public health nurse is in reality an educationalist and an investigator, whose duty it is to instruct the individuals under her care in the principles of healthful living. Whether our nurse of the future is to be more of a specialist than she is at present,

or whether in the progress of things she will become once more the old-time bed-side nurse with the specialist named according to her respective duties, is not to be discussed here. There is, however, a very definite and fundamental requirement for all who are engaged in the field of nursing or medicine of any form. While the influence and training in the hospital or college has much to do with the after life of the individual, still there are principles of personal character required, and it is these rather than mental attainments or higher education which most often mark the difference between the successful nurse and the failure.

There is in every profession an honorable code of procedure, an underlying ethical standard which must be deep-rooted in every individual member. It is this which provides the profession with its "esprit de corps" and its place in the public regard. One or two high-standing individuals in any profession do not establish or make that profession. The basic principles of public regard and confidence lie, in the average of all the individuals, in the profession. Here rests the serious individual responsibility of every nurse. The reputation and standing of the profession is in her hands. She may make or mar it. By thoughtless acts or promiscuous discussions of matters which are only for private or professional consideration the morbid curiosity of the lay mind may be amused or satisfied for the moment, but there comes a reaction later when the onus is placed upon the nurse, with criticism not only of the individual, but also of the profession.

How often have doctors or nurses asked themselves the question, "Just what do people in general think of our profession?" Some of us may be prone to disregard public opinion; but do we stop to realize that governments and nations, public institutions, and we, ourselves, as a profession, depend largely for our existence upon that same public sentiment and opinion?

The basic principle of the successful nurse must be sound character, professional honesty, and a just pride in her calling. The training school which overlooks these essentials cannot stand for the highest attainments in nursing education. The proof of the school rests in the standing of its graduates.

The nurse or doctor who looks upon the patient simply as a case, or number ten, is lacking in one of the greatest requirements for a successful practitioner of the healing art. Every patient, whether he be rich or poor, high or low, is an individual member of the human race, with his problems, his sorrows, joys, and disappointments. As the leaves of the trees vary, so do the patients under our care show different types of character and mentality. Why does the practitioner of quackery and cultism, absolutely ignorant of the science and art of modern medicine, often have a large following? Because he is an astute student of the mental attitude of his patient. He satisfies the patient. Let us then ask this question in all seriousness, "Is there not a danger that we to-day are

giving so much attention to scientific details that we are neglecting humanitarian necessities?"

Few of us seem to realize the fear and dread with which the average patient goes to the operating room or undertakes an anaesthetic. It requires a strenuous personal experience to develop that individual consideration and discreet sympathy which inspire confidence and are the attributes of a successful doctor or nurse. The study of the individual mental characteristics of the patient should be an essential part of the training of every nurse. Unless she has accomplished this art, she cannot hope for a full measure of success.

Perhaps all this has seemed idealistic. In reality, it is truth and necessity. Upon these principles rests the structure of a sound nursing profession with its high ideal of service to the human race. Let us not, in reaching out for more scientific detail, altogether blind ourselves to the realization of the importance of studying the character and individuality of those with whom we come in professional contact. Just as the honor of the nursing profession depends upon the average of its members, so is public opinion based upon the regard of each individual. By a due consideration of our patients, their families, and friends, there shall be rendered a more efficient service to the individual and a more abiding place for the nursing profession in the confidence of the public.

Child Welfare Work in Rural Communities

How best to bring to the mother in the rural community a better knowledge of the care of her baby and children of pre-school age was a problem which confronted the Provincial Department of Public Health of Alberta when it became actively engaged in the health problems of the Province in 1918.

By means of a very practical health exhibit which was shown at the summer fairs in the various centres, the attention of the public was directed to the various phases of public health work which were being undertaken by the department.

Wherever the exhibit was shown, clinics were held daily for babies and children of pre-school age. At these clinics, local doctors, assisted by public health nurses who travelled with the exhibit, made complete physical examination of all children brought to the clinics. Those children who were up to the standard weight and height and free from physical defects of any sort were given a health certificate.

While it was felt that the children received a very thorough examination at the hands of the local doctor, still very little information was given the mother regarding diet and health habits. There was also a tendency on the part of the parents to bring only those children whom they thought were up to the standard, as the idea of receiving a health certificate was uppermost in their minds.

The board of directors of the various fairs found the clinic to be quite a drawing card, and it was advertised in some places as a baby show, and was added to the list of attractions along with the midway, horse racing and other events; some well-meaning but misinformed merchants even going so far as to offer a prize for the best baby. Of course, the nurses and doctors steadily refused to have anything to do with contests of this sort. While there is no doubt that the work done at the fairs had a great deal to do with stimulating interest in public health activities, it was an expensive service; distances were great, and transportation rates heavy, and some of the special objects of the work were being overlooked. It was then that the summer itineraries were planned, which have proved such an effective method of getting in touch with the children and mothers in the rural communities.

The various women's organizations throughout the province readily agreed to arrange for a hall in which to hold the clinic, do all the advertising, and also provide the services of a doctor if the mothers in the community desired to have one present. Two nurses in a Ford car travelled from place to place, carrying their equipment with them. The co-operation of the physician was invited at each clinic; the children were weighed, measured and examined. The attention of the mother was drawn to any defects noticed, such as enlarged tonsils and adenoids, obstruction of the nasal passages, defective teeth, fatigue, posture, etc. Special attention was given children who were found to be underweight for their height. Advice was given the mothers regarding diet and routine health habits. In all cases where children appeared to be suffering from some serious defect the mothers were urged to take the child to the family physician.

That the people appreciate this service is evidenced by the large number who take advantage of it. Proof has been given many times that they benefit by the advice given, when, upon revisiting a place, the nurses have seen for themselves the improvement in individual cases.

Coming, as these toil-worn pioneer mothers do, over long prairie trails, on horseback, in wagons, carts and vehicles of every description, eager to learn how to better home conditions, they are an inspiration to those sent to work amongst them.

Owing to the climatic conditions in Alberta, the travelling clinic can only function from May until October. Clinics with doctors and nurses in attendance have been conducted at all the conferences held by the home branch of the Soldiers' Settlement Board for the past three years. In this way we have been able to keep in touch with the wives and children of our soldier settlers in this province, and much has been done to better health conditions in their homes.

B. A. Emerson, R.N., P.H.N.

The V. O. N.

By One of Them

Victorian Order Nurses. Their story who shall tell?
Well does Victoria know them—St. John knows them well.
From Nova Scotia's chilly clime to farthest Western strand
The Order's blue-clad nurses are in day and night demand.
They never fail to tag the stork, though late and far he roams,
Or counsel worried mothers in the country's pleasant homes.

(With apologies to William Macaulay.)

"We're just a band of nurses, who go about the town,
Bidding patients keep their spirits up and keep their physic down.
We follow up our cases in rain or shine or sleet;
If other transportation fails we always have our feet.
We get the doctor's orders, nor let one need go by,
Post-operative dressing or a simple hot and high.
A wondrous wealth of detail we find upon our hands,
From Tommy's chronic colic to a dearth of pots and pans.
One patient's careless liver had slipped 'round to the back;
And one's sciatic nerve had strayed upon her colon's track.
Wee Billie had the janders on coming here at first;
The other babies had it bad, but sure he had it worst.
Jack had the double measles when he was very small;
His mother had the Caesar's Cut before he'd come at all.
And so it goes from morn to night—from night again to morn:
There's someone sick or someone sad or someone getting born.
At many birthday parties we're very welcome guests—
'My wife says will you come at once, and bring some babies' vests!'
Some trust us with their secrets—some swamp us with their woes;
Some get us mixed with Providence when short of coal or clothes.
Some pay us twice our modest fee—some cannot pay at all,
But that will never stop us from responding to the call—
The call to those who suffer, be they children, women, men;
All colors, creeds, conditions know and bless the V. O. N.
But if we 'play some favorites' in carrying out our parts,
What wonder if the smallest ones are nearest to our hearts.
It isn't easy going—there's prejudice to fight,
'Dummies,' officious neighbors, and windows sealed up tight;
But when the battle's over we can share the mother's joy,
When the puny, ailing babies change to sturdy girl or boy.
It helps us through our daily round, it cheers us for the fray,
The work that waits us, feast and fast, Christmas and New Year's Day.
The lowest infant death-rate from Coast to far-flung Coast!
We've done our share in making that Victoria's happy boast.
We like to think we are some use in this grim world of strife,
For strength and health are more than wealth—they are the Nation's life!"

Rene Norcross.

The Health Building at the Brandon Exhibition, 1923

In connection with the health conference and exhibit work carried on by the Public Health Nurses' Department, the health building at the Provincial Exhibition, held in Brandon during the week of July 2nd, deserves special mention.

The building itself has a modest exterior, but the artistic arrangement of the interior presented quite a contrast by its pleasing and inviting appearance. The decoration scheme, which was green and white, relieved by pink garlands, together with the exhibit arranged, caused a pleasant association of the ideas of health—education and happiness—which centred about the main idea of the building—child health.

One side of the building of health was devoted to the work of health conferences, which were held on July 2nd and 3rd. The fair board placed two glass cubicles for consulting room purposes, which provided splendid facilities for examining, and at the same time demonstrated to the public the work carried on at the children's health conferences.

Two child specialists, Dr. Norton and Dr. Lindsay, examined one hundred and seven children.

The health conference department consisted of admitting, weighing, measuring, consulting and dressing rooms. A nursery at the rear of the building provided a cool, comfortable place for mothers to care for their children. Here, bottle feedings were heated, and bathing facilities for infants were afforded to mothers who were camping.

The other side of the building was used for a health exhibit, first aid and rest rooms; information and demonstration booths for the teams in home nursing and first aid, and care of the baby; for weighing and measuring, and for the distribution of free literature.

The health exhibit consisted of posters arranged to give information in maternal and child welfare, health in the school, and communicable diseases; and models demonstrating new ideas in child care.

The first aid and rest room provided a cool, restful place for those requiring their use, and the information desk afforded visitors an opportunity of receiving information in all matters pertaining to health, and the organization of the public health nursing service.

The team demonstrations were given by graduates of the Little Mothers' League from Minnedosa and Carman, on July 4th and 5th. Their work demonstrated emphatically the benefit of the Little Mothers' League teaching in the schools; and what will be of most interest to the nursing profession is the fact that it has proved a means of guiding students to the training schools.

Weight and height tests were given to the children, as well as a number of adults, which were accompanied by individual talks, whenever advice was indicated. The scales were introduced as a means of

educating the public of their value as an index to health, and of impressing their importance in health work in the schools.

The record of the work accomplished would be incomplete without mentioning that the health building was planned and arranged entirely by public health nurses, so that much of the success achieved is due to their efforts.

A. E. WELLS.

Child Welfare Work in Montreal

Montreal is a city whose dual language results in two streams of effort in child welfare work. Like the Ottawa and the St. Lawrence, they flow for a time side by side, clearly defined, before they will merge in one great river of accomplishment.

The work for the French-speaking population is carried on through fourteen centres maintained by the City Department of Health, and fifteen "Gouttes-de-Lait" under independent French control.

Organized child welfare work among the non-French population began several years ago, and by 1917 baby welfare stations had been opened under different auspices in several districts in the city. Here it was a babies' hospital, there a Presbyterian settlement; here an Irish Catholic group, there another social settlement; here a neighborhood club, that developed a milk station or baby clinic as a part of its work. These were then grouped into an organization called the Affiliated Baby Welfare Stations, with a central committee to assist in financing them. About the same time a Child Welfare Association had been formed to promote other phases of work for children, and at the end of 1921 the two groups combined. With the beginning of 1923 a complete centralizing of direction and control of all the activities of these centres was undertaken, with a budget assured by the Financial Federation of Social Agencies.

There are now eleven health centres maintained by the association, each with one or two conferences a week for babies under two years. These are so-called "well baby" conferences, for the work is entirely educational and preventive. No sicknesses other than feeding disturbances are dealt with, all other maladies being referred to a private doctor or to a dispensary.

The number of babies under supervision is growing steadily. There are now about twenty-nine hundred babies being visited in their homes by the nurses from the health centres, who give home teaching and demonstrations of infant care between the visits of the babies to the centre for weighing and medical examination.

The effect of this constant teaching has been well seen during the past summer. The rate of mortality from summer diarrhoea among these babies this year has been only one-fourth the rate from the disease in the city on a whole. Many mothers have said, "Yes, baby began to get sick last week, but I did just what the nurse said and he got all right by the next day."

Breast feeding is urged in every possible case, and often is restored after a considerable period when the neighbor's advice has led the mother to try some patent food. Countless mothers have been encouraged and enabled to maintain this safeguard for the baby's health.

Each centre has a public health nurse in charge, who is responsible for the conduct of the conferences and for the visiting in the homes. Two of the centres have a register of more than five hundred babies and require two nurses.

At four of the centres there is also a prenatal conference every two weeks. A nurse for this special work is kept very busy with her advisory visits. Patients who are unable to attend the conferences regularly are carefully supervised, and records of blood pressure and urinalysis are brought in to the doctor in charge of the clinic. Duplicate records are sent to the Maternity Hospital, if the woman expects to go there, or left with the patient for the use of her private doctor. Any unfavorable symptoms are at once reported to the doctor who is to carry the confinement.

The staff of the association consists of a director, a part-time medical director, a nursing supervisor, twelve health centre nurses, one nurse for prenatal work, and two nutrition nurses. Pediatrists carry the medical work of the conferences for babies, and prominent obstetricians conduct the prenatal clinics.

Educational work for rural districts and small towns of the province has been undertaken by means of a series of prenatal letters sent to individual women month by month. There has been a very encouraging demand for these letters, which are now going regularly to a great many homes, not only in Quebec, but also in all parts of Canada. These letters teach the hygiene of pregnancy and encourage women to secure early the necessary medical supervision.

A demonstration of the value of nutrition work is being carried on in several English and French schools. Groups of under-nourished children are selected in each school and given intensive care and education in health habits. The method followed is that developed by Dr. Emerson, of Boston. The interest aroused by these classes in the last year has resulted in the establishment of a milk lunch in many of the schools.

Another activity of the association which arouses much enthusiasm is a summer day-camp held in large shady grounds loaned for the summer. A nurse is in charge at the camp, and, with several play supervisors, sees that the hundreds of children are safe and happy. About two hundred children were selected to receive daily additional nourishment of milk and buns. An attendance of twenty-one thousand during the three summer months proves the popularity of the camp.

Though the work of the association shows rapid and steady growth, much remains to be done. The English-speaking population of the city is estimated at about three hundred thousand, and there is already a

clearly defined need of more health centres. The prenatal work is increasing steadily and requires a second nurse. The next development is the establishment of health conferences for the pre-school age child. This is planned for the coming year, when it is also expected that nutrition work for these younger children will be undertaken at several of the health centres.

V. M. MACDONALD,
Director Child Welfare Association of Montreal.

NEWS ITEMS

QUEBEC

Miss Charlotte Champagne, graduate Notre Dame Hospital and of the Public Health Nursing Course, McGill School for Graduate Nurses, 1921-22, has recently been appointed field supervisor of the French Metropolitan Nursing Service in Montreal.

Miss Chillas and Miss Lawrence are to have charge of the public health section, the flower booth, at the nurses' bazaar to be held at the Ritz the latter part of November.

Miss V. M. MacDonald, of the Child Welfare Association, is attending the annual meeting of the American Child Welfare Association in Detroit, October 15th to 17th.

Miss Beatrice Johnstone, of the first group of nurses who received their degrees on completion of the five-year course given by the University of British Columbia and the Vancouver General Hospital, has been taken on the staff of the Victorian Order of Nurses in Montreal. During her final year Miss Johnstone specialized in public health nursing.

SASKATCHEWAN

The Division of School Hygiene, under the Department of Education, have recently appointed the following nurses on their staff: Miss Florence West, St. Luke's Hospital, Ottawa; Miss Lillian Lynch, Winnipeg General Hospital; Miss Owena Smith, Vancouver General Hospital; and Miss Rae Chittick, Johns Hopkins Hospital, Dalhousie.

Miss Jean Browne, Director of Junior Red Cross for Canada, recently visited Regina and addressed meetings of students and teachers of the Normal School.

A new Red Cross nursing outpost has been established at Big River, and one at Lucky Lake is nearing completion. The latter will make the tenth Red Cross nursing station in the province.

MANITOBA

Miss Iverson has resigned from the Red Cross nursing staff.

Miss Pearl Campbell (W.G.H., 1921) has accepted a position with the Provincial Board of Health, and is at present at Minnedosa, Man.

Miss Hannah Fogarty, who had charge of the Red Cross Convalescent Hospital for Soldiers at Winnipeg Beach, has returned to Winnipeg, as this hospital is open only during the summer.

The Manitoba Dental Association has made arrangements whereby an educational film, "Your Mouth," can be procured through the Canadian Releasing Corporation, Winnipeg. This film was shown on the "Better Farming Train" and created great interest among the school children.

For the first time this summer the Robertson Memorial fresh air camp at Gimli, Man., had a hospital erected for convalescent mothers and children. It was open from June 28th to August 31st, and has accommodation for thirty-five patients. Patients are referred to it by the Social Service nurses at the different Winnipeg hospitals. Also children at the fresh air camp who were taken ill during their stay there were transferred to the hospital, unless they had any contagious illness, when they were not admitted. Patients usually remained four weeks. Miss M. A. Simpson, of the Red Cross, had charge of the hospital.

Miss Hall and Miss M. M. Black leave shortly for McGill University to take a public health nursing course.

BRITISH COLUMBIA

Mrs. Anna Stabler, R.N., and Miss Isabel Jarrares (W.G.H.), both on the staff of the British Columbia branch of the Red Cross, left at short notice for relief work in Japan, and return shortly to Vancouver.

Miss Buckley, R.N., has resigned from the staff of the Saanich Memorial Health Centre, and accepted the position as dental nurse for the Victoria schools.

Mrs. Annie L. Naylor, R.N., head of the V.O.N., North Vancouver, has recently resigned, and will leave shortly for Bellingham, Wash., where she will make her home.

Pupil Nurses' Department

Student Nurses at the Student Christian Movement Conference

The Student Christian Movement held its third annual conference at the Elgin House on Lake Joseph, Muskoka, from September 17th to 24th. It was a gathering of students from Central Canada, brought together to discuss the problems and opportunities of those who are training to serve. Among the two hundred present, there were fifteen nurses; and it is safe to say that no group enjoyed the week more than they did.

Almost every nurse has a desire to "make good" in the great work she has undertaken, and to really use her training to serve others. But have we not all noticed that, as the months go by, we lose some of our first enthusiasm, and sometimes talk about being "fed up"? It can never be said that this is the fault of our splendid training. It is just that we are so very human, and lose sight of the vision with which we started. Perhaps our superintendents realized this when they arranged for their schools to be represented at the Student Christian Movement Conference.

All who know the Elgin House know how beautifully it is situated, but those who have not seen it in its autumn glory have not seen it at its best. The Elgin House meals might well have been termed a "howling success," as each group vied with the other in giving their respective yells.

As we think of our weeks together, it is not on our social life, but on the study hours that we dwell. The leaders and speakers came to us from all over the world. From Poland came "Bill" Rose, with his story of student life in Central Europe, and of the struggle young men and women were making to get an education, and of what a great service Canada's students were rendering them by their friendship and their Student Relief Fund.

From India came Professor Yohan Masih, with his encouraging reports of the present state of the Hindu mind, and with his plea for a

united Christian Church; four hundred and ten different organizations being now at work in India, which is very confusing to the Hindu and a great drawback to the work there.

From China came Mr. Djong, and from Austria "Fritz" Hansen, both students themselves, with their stories of student life in their own countries. Both spoke of the friends they had found among the students of Canada, and of Canada's neighborliness; and of how in this small way among the students of the different countries was being founded a real brotherhood of all men, which some day would go far toward solving many of to-day's great problems.

There were many others who met with us as leaders, and inspired us to better things. But perhaps the outstanding message came from Arabia, through Dr. Paul Harrison. His message naturally appealed to the group of nurses very much. How plainly we could see things as he pictured the work of the last thirty-three years!—the men's ward, where no woman could enter, with the beds on the floor, and each patient with his own special nurse brought in from the desert with him. These people were most devoted to their patients, but had no idea of what it meant to be clean. He had a young Persian trained to assist him in his operating room, but it had taken one whole year to get him to realize something of what surgical technique meant. A great deal of the medical work is done in the homes, Dr. Harrison making several trips each year to the distant settlements. On his last trip, out of sixty-seven operations only one became infected, which speaks volumes for the native assistant. Working with Dr. Harrison is one trained nurse, who has charge of the women's ward. It is very hard for a man to serve the women of Arabia, and Dr. Harrison's special plea was for a lady doctor and several public health nurses to undertake work among the women in their homes.

This is not an attempt to write a report of the conference, but to try and make anyone who reads these lines see what having been present there means. One feels like a blind man, groping about in a dark room for a black cat which is not there, when attempting to make others feel a little of the thrill and inspiration of such a gathering. It is impossible to overestimate its value to the nurses who attended, or to the training schools which sent them.

RUTH JACKSON,
Pupil Nurse, Wellesley Hospital, Toronto.

Pupil Nurse

Have you ever stopped to consider the meaning of the title applied to those of us who hope one day to become graduate nurses? I mean the term "pupil" or "student" nurse replacing the old designation of "nurse-in-training." It would appear that we use the term "in training" much more than do our superiors. Does this mean a different mental attitude on our part?

There is a difference between education and training. While training is the bringing to perfection of certain powers only in order to achieve a certain end, education means the systematic development of all our powers—mental, moral and physical.

Do we look upon our three years as a period in which we shall be trained to fulfil certain tasks to perfection, those tasks being very beneficial to the sick around us, or do we look upon these three years as a period in which we shall continue our elementary education upon broader and more humanitarian lines?

By the acceptance of the new term, our boards of management, superintendents, doctors, etc., have demonstrated their willingness to give us an education in lieu of the more old-fashioned training; but education cannot be thrust upon us—it must be sought by us.

It would be both interesting and profitable if we would sit down quietly and review our position as students, and just see what we were getting as the result of three years spent in our schools.

Some may reply they want, and are getting, a means whereby they can get a livelihood or certain social advantages. Our training should, and certainly does, give us these things; but surely we want something more. Some may reply that it was with the idea of service to others that they decided to enter their schools. Our training will certainly help us to be of service to others, but we must always remember the impossibility of giving out more than we have received.

I would like to see every one of us demanding that our three years' work should make us mentally quicker and brighter; that an intelligent theoretical knowledge should give deftness and ease to the work of our hands; that our powers of concentration should be developed, and that resourcefulness should become a part of our makeup. Courage and perseverance lie dormant in us all; education will develop them. Self-reliance, differing from self-assertiveness, is a trait we all stand in need of, no matter where we go. Self-control will stand us in good stead in the dark days which must almost necessarily come into every life.

Knowledge is power, and the development of the highest self-knowledge is the greatest power of all.

If we would regard every task that comes our way as a means of self-education; if we would make full use of all the advantages offered to us, and not look upon them as so much drudgery, to be got through only if they cannot be avoided, we should hear less of wasted time when circumstances prevent one of our number fulfilling the original programme of her life.

Let us demand of ourselves that our three years shall be a time of true education; we shall find our schools ready to meet our demands, and we shall have a still greater opportunity to become independent citizens. Our service to others will be the outcome of an intelligent sympathy educated to express itself in the best possible way and not the

outcome of a mere drilling; and, go where we will, do what we may, our three years will sow the seeds of self-knowledge and development, and the advancing years will give to the world a body of women constantly improving both mentally and morally, than which no city, community or country can have a better possession.

Let us see to it that we get the best possible out of our student days, in order that we may give the best possible.

A Winnipeg General "Senior."

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.
Vice-Chairman—Miss Agnes Kelly, 457—12th St., N.W., Calgary.
Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.
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British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

Hyperthyroidism as Related to Other Diseases*

By Dr. Frank N. Walker, Toronto.

I am going to begin this paper by giving the history of my first case of Graves' disease and brief summaries of three later cases.

Case I. Male, aged twenty-five, fair hair and blue eyes, came in November, 1919, complaining of a cold and abdominal discomfort with belching of gas. His sleep was poor; constipation and frequent colds were the only other complaints. The heart rate was rapid and the first sound fibrous in character. The abdomen was in a state of flatulence with tenderness in the right iliac fossa. I referred him to Dr. G. C.

*Read before Section of Medicine, Academy of Medicine, Toronto, April 10th, 1922.

McIntyre, who removed a long narrow appendix which was bound down in a Jackson's membrane. The patient made a good recovery and returned to work in six weeks. In March, 1920, he came to see me again, complaining of nervousness. The heart rate was found to be very rapid with slight systolic murmur. The urine had a specific gravity of 1025 and showed a trace of albumen. The eyeballs were prominent and the finger tips had a fine tremor. I referred him to the late Dr. George Bingham, who agreed with me in that we were probably dealing with a case of early Graves' disease and suggested X-ray treatment and two months' rest. On April 27th, of the same year, I was called to see this patient, who had lost control of his leg muscles, so that whenever he was lifted to his feet he would crumple to the floor. He was quite conscious, and stated that he had had an X-ray treatment that day. The knee jerks could not be demonstrated. In July he began light work, although he still felt quite nervous and the exophthalmos was still noticeable. In April, 1921, this patient stopped working on account of an abscess beneath one of his toe-nails, but, in reality, his complaints showed that he was still a sufferer from Graves' disease. It was two months before work was resumed. In March, 1922, he again returned with the old complaints. X-ray films were made of some suspicious-looking teeth. These revealed one definite apical abscess. The tooth was removed and the patient continued work. Gradually improvement followed, and he now declares that his nervousness and night sweating have almost entirely left him. The exophthalmos and tremor certainly have almost disappeared.

Case II. Female, aged twenty-three, blue eyes and auburn hair. I was called to attend this case for so-called fainting spells, which usually occurred after working at high pressure. On enquiry, I found that these spells were without unconsciousness — simply a loss of power in the muscles of the legs for the most part. The heart beat was rapid and fine rales were heard over the apex of the right lung. The eyes were bulging and the fingers exhibited a fine tremor. The urine showed a trace of albumen. The uterus was retroflexed. Beyond these weak spells, the chief complaints were constipation, occipital headache and dysmenorrhœa for fourteen months. An appendectomy had been performed two years before. An X-ray examination of the teeth revealed an apical abscess. From the time this tooth was removed the patient gradually improved. The rales in the right apex cleared up, the exophthalmos and tremor disappeared. At the end of four months the uterus had returned to its normal position and the patient had gained eight pounds. In March, 1923, she reports that she is enjoying excellent health.

Case III. Female, aged thirty-seven, blue eyes, dark hair. The chief complaint was a severe left-sided headache for one week. This headache had occurred periodically for about two years. One year before she had had three months' treatment for Graves' disease. An appendectomy had been performed two years previous to the advent of the headache. The appetite was good, though constipation was complained of. The heart

rate was 120 and the temperature 99.2. There was marked tenderness over Ewing's left supra-orbital area. A fine tremor of the fingers was present, also bulging of the eyeballs. I agreed with the late Dr. Bingham's diagnosis, that this patient was suffering from Graves' disease. On shrinking the opening to the left frontal sinus, much thick, yellow pus was discharged from the left nostril and the headache immediately improved. An autogenous vaccine was prepared from the pus and administered twice weekly for six doses. Drainage was maintained during this period. The patient recovered, and has had no return of her headache or nervousness.

On analysis of these three cases it will be seen that each one had an appendectomy performed at a considerable period before Graves' syndrome was noted. This, I believe, was due to a latent condition of the appendix being aggravated by overwork of the gastro-intestinal tract in an attempt to keep pace with the needs of metabolism. Again each improved after the clearing up of a focus infection.

Case IV. Female, aged twenty-five, blue eyes, auburn hair. This patient complained of nervousness and sore throat. Exopthalmos, tremor and tachycardia with night sweats were all present. Yellow patches in the throat were negative for Klebs-Loeffler bacillus. A Wassermann reaction was four plus. Mercury and diarsenol treatment was begun, with the result that general improvement was soon noted. After eight months' treatment, Graves' syndrome had entirely disappeared.

These cases, from a clinical point of view, could all be put into one class with one outstanding syndrome. That there was very little change in the thyroid gland is to be assumed from the fact that improvement began early and was progressive.

Nellis Foster states, "It is no longer questioned that the nathogenesis of Graves' disease is intimately related in some manner with the function of the thyroid gland . . . . Two conceptions chiefly are current at present:

"(1) The symptoms are due to a pure over-activity of the thyroid gland, the secretion of which is normal but is produced or poured out in excessive amounts. . . . .

"(2) While a disordered thyroid function is accountable for some symptoms, Graves' disease cannot be explained by this alone."

Each of these theories have support in part of the hypothesis stated, but the cases cited fulfil the requirements of the second classification rather than the first.

Sajous, after a well-arranged discussion of Graves' disease, states, "Hyperthyroidism or exophthalmic goitre is thus seen to be the product of a vicious circle in which three classes of poisons take part:

"(1) The primary causative poison which excites the thyroid apparatus.

"(2) The excess of thyroid hormone which provokes excessive catabolism in all the tissues, including the cerebro-spinal peripheral nervous systems.

"(3) The excessive catabolic wastes derived from all tissues, including the nervous tissues."

Taking this statement as a basis, it will be seen that the whole complex hinges around the "primary causative poison." I have not yet learned that thyroxin has any power to destroy body poisons, or that, by increasing metabolism, the fight against the invader is waged more heavily. A heavier load on the organs of excretion is the more likely result.

It is plain to me that the thyroid gland must have some other function beyond the secretion of thyroxin. A fact that must be taken into account is that the thyroid gland is actively an epithelial organ, an outgrowth in fœtal life from the alimentary tract, the duct of which closes at the eighth fœtal week. In the amphioxus this duct remains patent. The late dissociation of the thyroid from the alimentary tract possibly explains the fact that this is the one gland of the endocrine system whose substance remains active in the presence of stomach juices, thus allowing satisfactory oral therapy. There is evidence, also, that the thyroid cells possess some of the power of the stomach cells, namely, protein disintegration.

Quoting Sajous, "Thyroidectomized dogs suffer severely when fed on meat; obviously the thyroid must contribute to the breaking down of meat proteins . . . ." Turro has found that the juice of swines' and sheep's thyroids almost entirely dissolves the coma, typhoid and anthrax bacilli, as well as bacillus coli, communic and streptococcus . . . . On the whole, as Crotti says, "The protein origin of Graves' disease is no more a puzzle. The remote causes of it are indeed numerous and diverse, as in infectious diseases, disturbed polyglandular function, chemical agents, etc., but the immediate cause is always the same, the hyper-function of the thyroid."

It seems possible that the special function of the thyroid gland is the secretion of thyroxin; also, that the gland has a second emergency function of secreting a proteolytic hormone. These powers seem so interlocked that a call upon the proteolytic hormone also stimulates the flow of thyroxin with all its physiological effects upon metabolism, and the consequent intoxication.

Before leaving this primary type of hyperthyroidism, I might call attention to the presence of Graves' syndrome in many cases of rheumatic fever, scarlet and typhoid fevers, also in tuberculosis; *but in most of these diseases this syndrome has been given its proper role, namely, that of a symptom rather than a disease.* The treatment of the real disease in most cases causes the hyperthyroidism to recede forthwith.

A point that is well worth recalling at this stage is that not all patients with foci of infection develop Graves' syndrome. *There must be some inherent complex that allows the demands of these conditions to*

precipitate hyperthyroidism. This complex is probably inherent in the relations of the various endocrine glands to one another. I have found no evidence that thyroid feeding will produce Graves' syndrome in a normal individual. This, however, is quite possible in those with disturbed endocrine function.

To quote Nellis Foster, "Blackford summarizes that every patient with thyrotoxicosis under forty, examined at post-mortem, showed evidences of hyperthrophy of the thymus."

The menopause is frequently accompanied by evidence of hyperthyroidism.

The writer had a patient showing Graves' syndrome, of which almost immediate improvement appeared after daily administration of anterior lobs of the pituitary gland. This patient is still gaining weight after seven months of the treatment, though the symptoms return when treatment is discontinued.

The cases of dysthyroidism, I believe, have an endocrine basis but, for the most part, a second or third aggravating cause is necessary to bring out Graves' syndrome.

Secondary hyperthyroidism, though not common in my experience, certainly occurs. I saw a patient in November, 1918, whose chief complaints were constipation and stomach trouble. She had a very large goitre, with sunken eyes and slow pulse. In November of 1921 I saw this patient again. She had had a great deal of worry and was five months pregnant. The chief complaints were loss of weight and nervousness. The pulse was rapid, tremor and exophthalmos were noticeable. In this case a gland that was poor in secreting power had probably taken on increased powers due to a complex of physical and mental conditions.

In conclusion, I would again quote Nellis Foster, "It is exceedingly difficult, if not impossible, to bring clinical and anatomical forms of goitre into harmony. The reason for this need not detain us since the elaborate classifications of morbid anatomists are being gradually abandoned as a clinical conception is gained of the processes leading up to the developments of each picture."

Under prognosis, Sajous states, "The search for a specific will continue to be as unsuccessful as it has been because of the multiplicity of toxis factors that initiate the disease. Each case has its own specific treatment, i.e., that of the causative disorder . . . . Briefly, very few diseases offer a prognosis as favorable as that of hyperthyroidism or Graves' disease, providing the pathogenic factor can be brought to light and removed, and the damage to the organism repaired by measures carefully adjusted to each lesion which is discovered."

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Address to Nurses

Address by Miss M. A. Samuel, former Superintendent of Training School for Nurses, Roosevelt Hospital, New York, and Lakeside Hospital, Cleveland, Ohio, delivered at the Annual Dinner given to the Graduating Class, June, 1923, by the Montreal General Hospital Alumnae Association.

It is a very great pleasure and privilege to be with you this evening, although I must confess that the thought of making an address caused me to hesitate about accepting your most kind invitation. However, for the sake of old association with the Montreal General Hospital—the very first one I know—when in my youth, I used to visit its wards as a member of the Montreal Flower Mission, and the fact that Miss Livingston and I are graduates of the same training school, were, I felt, good reasons for not refusing; nor could I miss the opportunity of talking for a few minutes to so many of Miss Livingston's graduates, and telling them of the genuine pride the New York Hospital Alumnae has in the very wonderful record made and the success achieved by one of its members. As a charter member of the parent association, I bring to you greetings from the Alumnae of the N. Y. H. Training School for Nurses.

I also desire to express my personal appreciation of much valuable assistance from several graduates of the Montreal General Hospital during the years when I was in charge of the Roosevelt Hospital School for Nurses in New York. The positions of assistant, night superintendent and head nurse were all filled, at one time or another, by members of your Alumnae, while one of the best, if not *the* best, private duty nurses I ever knew was a graduate of the school connected with the Montreal General Hospital.

I remember reading somewhere an article, headed "The Nurse Pharisee," which dealt with some of the sins of omission of those responsible for the making of nurses, and I wondered to what extent we, who were superintendents of schools for nurses, had failed or succeeded in bringing home to our pupils a realization of their obligations and responsibilities as members of this comparatively new profession—a profession whose aims and ideals should mean, in all its many phases, service to others. I would like, if I may, to speak of a few of our mutual obligations, and present, very briefly, some of the opportunities that are given to us for their fulfilment.

First, there is our profession and all it should mean to us of high ideals, lofty aspirations, genuine enthusiasm in our work, our pride in progress, and our place as its representatives in the great army of the world's workers.

The wide extension of its fields of usefulness in private and public service makes the question of the education of the modern nurse a very vital one, and it has been stated that the profession's educational future is in our hands, and that, if we are to fulfil our manifest destiny as a profession, we must meet the conditions which the opportunities of to-day carry with them. I think it was James Russel Lowell who wrote:

"New times demand new measures and new men;
The world advances and in time outgrows
The laws that in our fathers' day were best;
And, doubtless, after us some purer scheme
Will be shaped out by wiser men than we,
Made wiser by the steady growth of truth."

And someone else says: "New things cannot come to pass without some of the old things passing away. Readjustment of new duties to new occasions is everywhere in evidence, and nowhere more than in the preparation of the nurse—alike for private and public service."

There are two great obligations that we, as nurses, workers for the betterment of humanity, must come to see more clearly before long, and they are the care of the tuberculous and the mentally ill.

Tuberculosis

The great importance of educating the student nurse more definitely in tuberculosis, both theoretically and practically, is being felt by all concerned, and nowhere is there a better or more far-reaching opportunity of making the profession an important agent in the fight than in the training schools. That there are difficulties we all know; but already several schools across the border are arranging for affiliations with special hospitals and sanitoria, just as is now being done for other communicable diseases. Of course, in public health nursing the need for special knowledge in this branch is so well known that there is no need to dwell on it now; my plea is that all graduate nurses give their support and interest in every way possible in this world-wide battle against one of the greatest foes of humanity.

Mental Nursing

Since schools for nurses have been introduced into the hospitals for the insane, we find the subject of mental nursing added to the curriculum of many general training schools, and, in a few instances, affiliations already established for practical experience, as well as systematic theoretical instruction, in well-conducted, up-to-date hospitals for the mentally ill. It is many years since this special branch was recognized as requiring special nursing attention; but the general response to the need by hospitals, training schools and nurses has, as yet, been scarcely

evident, and these patients are still being cared for, to a great exetnt, by those poorly qualified, either by character or general nursing training, to hold the responsibility incurred in psychiatric nursing.

The time must come when more thought and attention will be given to this all-important field; and meantime we, as nurses, must lose no opportunity, and awaken to the fact that our responsibility in the matter is serious. We should inform ourselves in every possible way as to conditions existing here and elsewhere, and study the progress being made in the better nursing care of these patients. While there are not, as yet, many schools having affiliations for this specialty, there are several excellent post-graduate courses given.

We see, therefore, some of our obligations to the community—our opportunities were never greater. Where can one go to-day and not find among philanthropic, scientific, sanitary or social organizations for the public welfare that has not, among its workers, a nurse, specially fitted by her training to assist and further, in the most practical manner, the great aims of those organizations in their efforts for the betterment of the world, and for the uplifting and guiding of so many dependent ones towards a more hygienic, more moral living?

The constantly increasing demands for public health nurses should make us realize how much the world has need of us, and that we cannot live unto ourselves and be worthy of our great calling. It should be our endeavor to foster in ourselves, and in others, a keen sense of our duty in this respect; through our associations, doing all in our power to awaken interest in the various questions and problems so vital to the welfare of humanity.

Our School

We must remember our obligations to our school—our Alma Mater; she who took us, immature and undeveloped as many of us were, untried in so many things pertaining to the daily battle of life, and who, after trials and tribulations, it may be, finally molded us into shape, sending us forth equipped for this battlefield of service. What does she require of us? First, our unswerving loyalty; then our devoted interest to her welfare; and, lastly, our ready co-operation in all efforts made for her progress, her place among others, with high educational ambitions, and an earnest desire to promote such efforts that may lead only in this direction.

Associations

Still another obligation is ours—more serious and of greater importance now than even a few years ago—that of supporting and developing our associations, from the Alumnae of our school to the National Association of all our provinces; from the school and individual interests of the first to the broader, more varied, far-reaching, world-wide interests of the latter; and coming between the various local societies of special workers with special aims and interests. All have need of us, in one way

or another, and to them we owe definite duties. Let us not be satisfied with the average level, but, realizing that progress is the keynote of success, each one, according to her ability, endeavor in every way to promote professional interests and help to solve professional problems. There is work for each one, and the opportunity is ever present to maintain the high standards set for us by our leaders of to-day, as well as those of other years.

It has been stated that the Alumnae Associations of the schools for nurses are the backbone of all other nursing organizations. What do we expect from them? This is what Miss Nutting says: "The guiding principle is that of mutual aid as an essential factor in human progress, and this does not come about through isolation from one's fellows, but by constant association, and thus we advance the statue and the power for good of a body of workers. Only in this way do we maintain 'the honor and dignity' of a profession." Alumnae Associations sometimes fail to realize this place they occupy, and overlook their obligations to provincial and national organizations. It is to the Alumnae we look for the training of graduates for active membership and leadership in the larger associations, whose influence in maintaining professional standards and solving nursing problems is so far-reaching. In this respect, our opportunities are, indeed, many; and I want to ask specially for the co-operation of each member of this Alumnae in the work of the Association of Registered Nurses in this province, which will require the loyal support and active interest of all its members in its efforts to establish proper professional standards.

School for Graduate Nurses

I feel sure you are, as I am, very proud of the School for Graduate Nurses as a department of McGill University; and the fact that it was organized, and is so ably directed by a member of your Alumnae Association, is a just tribute to Miss Livingston and the school of the Montreal General Hospital.

The interest shown by so many graduates of this and other schools in the province in the Institute recently planned and directed by this department of the university demonstrated the desire for post-graduate study, and it should be the ambition of every nurse to add to her professional equipment and avail herself, when possible, of such opportunities.

The Montreal General Hospital Alumnae

For your own Alumnae, may I ask the personal interest of each individual member? The association, remember, is not just the property of the president and officers, nor are they wholly responsible. You are all needed; and not as onlookers, merely, but as co-operative workers. There are some people who think that because they cannot "speak in public," or say they have not the ability to write papers, or never could conduct a meeting, they are therefore of no use. Let me tell you, these

people make a great mistake. It is not always the most eloquent, or the most literary, valuable and all as they are to all societies, who are the most useful members. The member who is interested and willing will find many occasions arise when she can be of service; her presence at meetings encourages others; and she probably will be one who remembers to pay her dues, to notify the secretary of any change in address, and very likely we may find that she is a subscriber and regular reader of the nursing magazines.

Be broad-minded; strive to compel confidence in yourselves and each other; forget personal feeling in the desire that each should possess to do her part in this great profession to which it is our privilege to belong. We all feel the need of stimulus and inspiration, which, as Miss Nutting says, we cannot get in isolation and a narrow sphere of self-interests. So much work awaits us in the outside circle, if we are only willing to broaden our outlook and swim with the current. Our obligations to each other are manifold; and we, who are graduates of one, two or many years' experience, have great responsibilities in our relationship to those just entering the professional world. Let us see to it that our example, our conversation, our manner may not prove a stumbling block in the path of these young members, but rather that we, through our experience, prove to them the value of opportunity and the pleasure and satisfaction that will come from embracing that opportunity, which is expressed so beautifully by Mrs. Browning:

"A poor man served by thee shall make thee rich;
A sick man helped by thee shall make thee strong.
Thou shalt be served thyself by every sense
Of service which thou renderest."

The Graduating Class

And now a word of welcome to the youngest members, with every good wish for their future. As we welcome you as members of our profession, may we not hope for your interest and assistance in our common work? Ours is a progressive calling, said Miss Nightingale; we must advance; and we, who are older, who have travelled farther on the high road of life, need you, with your fresh aspirations, your youthful enthusiasm, your eager ambitions—that, in unity of purpose, in hearty co-operation and loyal fellowship, we may together strive to fulfil, in some measure, our obligations to this great calling. Privileges and opportunities, some of which those who graduated twenty or thirty years ago had never dreamed, are, without effort or thought on your part, yours to-day.

Hand in hand with these come serious responsibilities and obligations which must be conscientiously borne and earnestly fulfilled. May you be inspired with a keen sense of these, and enter into the larger, broader life in the spirit of Service—which seeketh not its own.

Hospitals and Nurses

NOVA SCOTIA

New Glasgow

The unveiling of a memorial window in the First Presbyterian Church recently to the memory of Margaret M. Fraser, C.A.M.C., N.S., is the second memorial in New Glasgow to her memory. The other is the endowment of a bed for nurses in the Aberdeen Hospital, New Glasgow, which was done by the Local Council of Women. The window is the gift of private friends of Miss Fraser, and represents Christ with Mary and Martha. Miss Fraser lost her life, with other nursing sisters of the C.A.M.C., when the hospital ship, "Llandovery Castle," was torpedoed, June 27th, 1918.

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NEW BRUNSWICK

Fredericton

Miss Elizabeth Robinson Scovil was among the graduates of the Massachusetts General Hospital, when they celebrated the fiftieth anniversary of the opening of the training school connected with it. Miss Scovil graduated in 1880.

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QUEBEC

Royal Victoria Hospital, Montreal

Miss Blanche Anderson (1915) has been appointed instructor and Miss Jean Fisher (1923) night supervisor of the Malone Hospital, Malone, N. Y.

Miss Agnes Y. Sutherland (1916) is at present night supervisor of the R.V.H. and Miss Barbara Campbell (1919) of the Ross Pavilion.

Misses Kathleen Sanderson (1921) and Olive Fitzgibbon are taking courses this session at the School for Graduate Nurses, McGill University.

Miss Grace Moffatt (1921) has been appointed first assistant at the Miramichi Hospital, Newcastle, N. B.

Western Hospital, Montreal

Miss Phyllis Dean has resigned her position as night superintendent at the Western Hospital.

Miss M. P. Leavitt, R.N., has resigned her position at the Red Cross Lodge, Montreal, and is succeeded by Miss M. Scriver, R.N.

Miss Jaques has taken charge of the children's ward, Western Hospital.

Sympathy is extended to Miss J. Craig, superintendent of the hospital, and to Dr. R. Craig, on the death of their sister.

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ONTARIO

Hamilton

Miss Ada Scheifele, graduate of the Hamilton General Hospital (1923), and winner of the Maclaren prize of $50.00, has taken up missionary work, in India, under the W.M.S. of the Presbyterian Church.

Toronto General Hospital

Three missionary workers were designaeted at the Presbyterian Church in Toronto in June, two being graduates of this school—Miss Jean McKenzie, who was born in China, and Miss Coral Brodie; Dr. Victoria Chung, a Chinese woman, born in Victoria, B. C., and who after graduating from Toronto University was an interne at the Toronto General Hospital, being the third woman to receive such an appointment.

Western Hospital, Toronto

Miss Beatrice L. Ellis (Toronto General Hospital) has been appointed lady superintendent of the Toronto Western Hospital, and Miss Ruth Welstead (T. W. H., 1918) in charge of the probationers in the same hospital.

Brantford

Misses V. Wood and A. Bartley (Brantford General Hospital) have accepted positions in Greenwich General Hospital, Greenwich, Conn.

Kingston

The Alumnae Association of the Kingston General Hospital, at their October meeting, voted to give $25.00 to the Japanese Relief Fund. A pleasant afternoon was spent, with many members present.

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MANITOBA

Winnipeg

Mrs. A. M. McLeod has been transferred by the S.C.R. to Deer Lodge, Winnipeg.

Misses Jean Boyd and Ruby Corbett (Children's Hospital, Winnipeg) have accepted positions at the Children's Memorial Hospital, Chicago.

Miss Robena Caldwell (Winnipeg General Hospital) has been appointed to the staff of the hospital, Trail, B. C.

Miss M. Sayer (W.G.H.) is now assistant night supervisor at the Winnipeg General Hospital.

Misses Ada Melbourne and Louise Dowe (Children's Hospital, Winnipeg) have gone to California to take positions in the Children's Hospital, Hollywood.

Recent appointments to the staff of the Children's Hospital are: Miss Jean Tomlinson (1922), assistant in the operating room; Miss Violet Snyder (1922), in charge of the infants' department; and Miss Annie Coppleman (1922), night superintendent for the summer months.

Miss Anna Campeau (St. Boniface Hospital, 1923) has accepted a position in the operating room of her hospital; and Miss Ernestine Lavery, also a graduate of the St. Boniface Hospital, is now in charge of the maternity ward.

Brandon

Miss Helen Morrison (R.V.H., 1921) has resumed duty on the staff of the General Hospital after an enjoyable trip on the continent.

Miss Clara Sutherland has resigned her position of O.R. supervisor at the B.G.H., and has been succeeded by Miss B. Chapman, recently of the Henry Ford Hospital, Detroit, Mich.

Miss H. Cameron, X-ray technician at the Bigelow Clinic, Brandon, for the past four years, and treasurer of the B.G.N.A., has left for McGill University, where she will take a post-graduate course.

Miss Bernice Haekes, of Grimsby, Ont., has accepted a position as dietitian at the General Hospital.

Miss Schwietzer and Miss Stewart, both of the Winnipeg General Hospital, have been appointed to the staff of the Hospital for Mental Diseases, Brandon.

When the Manitoba Hospital Convention met in Brandon, September, 1923, the members enjoyed a banquet given by the Brandon Graduate Nurses' Association.

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SASKATCHEWAN

Saskatoon

At a meeting of the Saskatoon Graduate Nurses' Association, held on September 6th, Mrs. Johns, president of the association, was appointed general convenor to act with the Arrangements Committee in making the final arrangements for the nurses' bazaar. The proceeds of the bazaar are to go towards furnishing a ward in the new provincial sanitarium to be erected in Saskatoon.

Miss Jean Leitch (St. Paul's Hospital, 1920) left for Rochester, to take a post-graduate course.

The University Registrar reports the following successful candidates at the nurses' registration examinations conducted in July last: Edith Amas, Beatrice E. Brockman, Marion S. Brown, Dora Campbell, Mary Chisholm, Ethel Clark, Edna A. Cunningham, Lola Dunn, Maude Dunn, Hettie E. Fawcett, Margaret E. Grant, Helen E. Guild, Naina G. Gustafson, Margaret M. Green, Nora M. Hanlon, Sarah E. Hart, Marguerite E. Hood, Ruth M. Kennedy, Lenora Laxdal, Agnes C. Lewis, Faiga R. Lifshitz, Flavia Linton, Alice M. Luck, Mary E. Matthews, Elsie Miller, Berta Moeller, Olive O. Morton, Anna Overkirk, Helen McCarthy, Janet McKenzie, Charlotte J. Semple, Sarah K. Schwalm, Sister M. Ivan, Charlotte Stoneman, Aldis Sveinson, Sophia Sveinson, Margaret I. Tate, Grace M. Thompson, Dorothy M. Tipper, Marguerite E. Urton, Phyllis V. Wilbee, Florence K. Willey, Annie C. Wilson, Mary E. Woods, Cecilia L. Young, Elnor M. Jowsey.

In addition to the foregoing list, the Nurses' Council accepted the following applications for registration in the province—that of Miss Alice Lacoursiere, Mrs. W. O. Chown, Miss Emma Imogen Smith, and Miss Elizabeth Sowler.

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ALBERTA

The annual convention of the Alberta Association of Registered Nurses was held October 15th and 16th in the Public Library, Calgary, with a good attendance of nurses. The Council met at 9.30 a.m. and the general meeting was held at 10.30, when general business was transacted. Papers on "Industrial Nursing," by Miss C. M. Johnston; "Medical Inspection of Schools," by Dr. G. Oakley; and "The Relation of a Public Health Nurse to a Community," by Miss C. Lonsdale, of Drumheller, were read. The evening session opened with the address of welcome from the mayor of Calgary, and the response by the president of the A. A. R. N., Mrs. Manson. "Junior Red Cross Work" was taken up by Mrs. Fisher, and Miss Johns, of the University of British Columbia, spoke on "Some Phases of the Rockefeller Report on Nursing." On Tuesday, the "Progress of the Public Health Section" was given by Miss E. Clark; while papers on "Our Method of Preparing Material for Operations," by Sister Laverty, of Calgary, and on "Fitting Nurses for the Smaller Hospitals," by Miss F. Welsh, of Lamont, closed the programme for the morning. Two papers, on "Modern Treatment of Diabetes," by Dr. A. McCalla, of Calgary, and "Care and Feeding of Diabetic Patients at the University Hospital, Edmonton," by Miss Lawrie, of Edmonton, with round-table conferences, closed the meetings.

Calgary

The annual meeting of the C.A.G.N. was held in the Y.W.C.A. parlors on September 13th. The announcement of the election of officers for the new year was made, when a very cordial vote of thanks was tendered the retiring president, Mrs. R. P. Stuart Brown, for her untiring efforts to promote the welfare and interest of the nurses. Reports of various committees were then received. There had been ten regular meetings and eight of the Executive Council. The Membership Committee reported 130 members in good standing; nine had married. The local registry belonging to the association had done good work, filling 738 calls, and twenty-two positions were filled through it. Much praise was given Miss Cooper for the successful dances and teas held during the year, which had helped to augment the funds. Interesting lectures had also been given by local physicians, for which the thanks of the association had been given. Mrs. A. H. Calder, the new president, then appointed her executive and members of the various committees. After some routine business, the meeting adjourned.

On the 18th September a large gathering of members of the association met at the home of Mrs. R. P. Stuart Brown, and presented her with a purse of gold as a mark of their appreciation of her services as president for two years. Mrs. Brown is a member of the Council of the Royal British Association, and has held that office ever since she came to Canada. The retiring secretary, Miss L. Phillips, was presented with roses as a very slight recognition of her valuable services. Music and dancing brought the evening to a happy close.

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BRITISH COLUMBIA

Vancouver

At the September meeting of the V.G.N.A. it was decided to hold a bazaar, on November 3rd, in aid of the community work being done by the association for the Creche. Short but entertaining addresses were given by Miss Archibald,

Miss Hall and Miss Johns, their subject being "Hobbies." At the October meeting Mrs. Calhoun, in charge of the Vancouver brancnh of the V.O.N., gave a most interesting account of her work while attending the public health course at Ann Arbor, Mich. Tea was served in both instances by the Social Committee.

Victoria

The Victoria G.N.A. held their October meeting on the 9th at the recreation room of St. Joseph's Hospital. Miss Snider, Social Service worker, gave a most interesting address. The postponed rummage sale is to be held October 20th. After the meeting refreshments were served by the Sisters of St. Joseph's, whose kindness was much appreciated.

Miss Jessie Mackenzie, R.N., has left for California, on an extended leave, after a serious operation for appendicitis.

Nelson

The graduation exercises of the 1923 class of the Kootenay Lake General Hospital, Nelson, took place September 24th, when the following nurses received their diplomas and medals: Misses Charlotte Collins, Maizie MacKenzie and Louisa Woodburn. The prize for general proficiency was won by Miss Collins, one for best medical nursing by Miss MacKenzie, and the L. E. Borden medal for materia medica by Miss L. Woodburn. The exercises were held in the Memorial Hall, filled to capacity. A short musical programme and inspiring addresses were given. The distribution of prizes, medals and diplomas, followed by the recital of the Florence Nightingale pledge, closed the formal exercises. A reception and dance closed the evening's enjoyment.

The general meeting of the G. N. A. of B. C. was held September 29th at the Royal Columbian Hospital, New Westminster. Meetings of the three committees —Public Health Nursing, Private Duty Nursing and Nursing Education—were held in the afternoon, prior to the meeting of the Council, when several matters were referred to it by the committees. The general meeting in the evening was well attended. The result of the ballot as to the manner of casting the vote for officers was given, with a very large majority in favor of the former manner of voting, viz., at annual meeting only. Reports from committees were given, showing much progress and interest in all three nursing committees. The report of the summer course at the U.B.C. was given by Miss Johns, showing that much interest had been shown and results satisfactory. The revision of the curriculum is being carried on, the general meeting endorsing the work already done. The reports of the Private Duty Committee, with special report of the Private Duty Nurses' Institute, when thirty-three nurses attended, showed the increased interest taken since this committee was formed.

Several resolutions from the public health nurses, particularly that which requested that all organizations employing public health nurses should be notified that there are specially trained nurses available in the province and asking that they be given the preference when appointments are made.

An interesting talk was given by Dr. Telford on the proposed scheme of health extension to be discussed soon by the B. C. Medical Association. Through an unavoidable change in Dr. Riggs' plans, his lecture on "Goitre" was postponed till some future meeting.

WORKED WITH FLORENCE NIGHTINGALE

The death took place at Northampton, on September 15th, 1923, of Dr. A. G. Wilkinson, aged eighty-three. The deceased went to the Crimea, when a student, as a dresser, and worked with Florence Nightingale. He assisted with the wounded after the charge of the Light Brigade.

Love is life's end, an end, but never ending—
Love is life's wealth, ne'er spent, but ever spending.
Love life's reward, rewarded in rewarding.

BIRTHS

Barager—On September 23rd, 1923, at Brandon, to Dr. and Mrs. C. A. Barager (E. Ledoux, St. Boniface Hospital), a son.

Campbell—At Hamilton, Ont., on September 5th, 1923, to Mr. and Mrs. Norman Campbell (Sybil Garner, Kingston General Hospital, 1921), a daughter.

Carmichael—At Detroit, Mich., August 9th, 1923, to Mr. and Mrs. John Carmichael (Mary Charlotte Brouse, Kingston General Hospital, 1919), a son.

Causgrove—At Saskatoon, on July 2nd, 1923, to Mr. and Mrs. A. Causgrove (Alla Garrison, St. Paul's Hospital, Saskatoon), a daughter.

Folks—On September 8th 1923, at Clayton, N. Y., to Dr. and Mrs. J. T. Folks (Madge Glenn, Kingston General Hospital, 1919), a son.

Frayne—At Lombardy, Ont., to Mr. and Mrs. Frayne (Luella Hutchison, Kingston General Hospital, 1920), on September 12th, 1923, a son.

Gibson—At Winnipeg, on July 22nd, 1923, to Mr. and Mrs. J. Gibson (Margaret Belcher, St. Paul's Hospital, Saskatoon), a daughter.

Hoffman—On October 3rd, 1923, to Dr. and Mrs. Hoffman (Toronto Western Hospital, 1919), a son.

Houlding—At Brantford, Ont., September 6th, 1923, to Mr. and Mrs. H. Houlding (Miss Lulu Simpson, Brantford General Hospital), a daughter.

Housten—At Hamilton, Ont., October 9th, 1923, to Dr. and Mrs. J. H. Houston (Marion Davis, Kingston General Hospital, 1919), a daughter.

McGuire—At the Wellesley Hospital, August 19th, 1923, to Mr. and Mrs. McGuire (Minnie Coleberry, Wellesley Hospital, 1918), a daughter.

McLennan—At Ocre River, Winnipeg, Man., August 29th, 1923, to Dr. and Mrs. F. McLennan (Lilla G. S. Wilson, Kingston General Hospital, 1919), a daughter, Nancy Margaret.

Musgrave—At the Wellesley Hospital, Toronto, Ont., August 8th, 1923, to Mr. and Mrs. Musgrave (Victoria Marsh, Wellesley Hospital, 1918), a daughter.

MARRIAGES

Aitcheson-Harold—At Kingston, Ont., September 15th, by the Rev. J. W. Stephens, Mary Kathleen Harold (Kingston General Hospital, 1921) to Dr. Charles Wilson Aitcheson, of Yarker, Ont.

Barnes-Walcott—In Toronto, Ont., Mabel Walcott (Toronto Western Hospital, 1920), of Barbadoes, W.I., to Dr. Leslie Barnes, of Yorkton, Sask.

Burgess-Martin—At Kingston, Ont., August 7th, 1923, Pearl Martin (Kingston General Hospital, 1917) to Robert Burgess.

Campbell-Patterson—On September 8th, 1923, Jean Black Patterson (St. Eugene's Hospital, Cranbrook, B. C.) to Mr. F. T. Campbell, of Blairmore, Alta.

Clarke-Stewart—In July, 1923, Ada Stewart (Children's Hospital, Winnipeg) to Mr. William Clarke, of Minnedosa, Man.

Hebb-Cruise—On October 1st, 1923, at Dartmouth, N. S., Grace Elizabeth Cruise (Toronto General Hospital, 1917) to Arthur Morrison Hebb, B.A., M.D.

Kilpatrick-Cochrane—At Stella, Ont., September 27th, 1923, Lessie Laird Cochrane (Kingston General Hospital, 1919) to William Arthur Kilpatrick, of Stella.

Kirkness-Hodson—At Bolton, Ont., Nell Hudson (Toronto Western Hospital, 1921), to Mr. Kirkness, of Parry Sound, now living in Baltimore, Md.

Mace-Moore—At the Church of St. John the Evangelist, Montreal, September 29th, 1923, Amy Marguerite Moore (Royal Victoria Hospital, 1921) to Mr. Thomas Henry Mace.

Matson-Stewart—At Brantford, Ont., June 5th, 1923, Iyla Stewart (Brantford General Hospital) to Mr. Milton Matson, of Niagara Falls, N. Y.

McKee-Thorvalson—On September 10th, Miss C. Thorvalson (Winnipeg General Hospital, 1915) to Mr. Russell McKee.

Montgomery-Coley—At Winnipeg, Man., August 20th, Ethel Coley (St. Boniface Hospital, St. Boniface, Man.) to Dr. Wesley Montgomery.

Mundell-Tett—At Newboro, Ont., September 1st, 1923, Honor Senkler Tett (Royal Victoria Hospital, 1918) to David Kenneth Mundell, M.D.

Peters-Coon—On September 8th, by the Rev. A. E. Sanderson, Hazel Sarah Coon (Kingston General Hospital, 1920) to William Peters, of Kingston.

Piffen-Forrester—At Calgary, Alberta, August, 1923, Margery Forrester (Hospital for Sick Children, 1917) to Dr. M. C. Piffen, of Rocky Ford, Alberta.

Spiers-Lambert—At Winnipeg, August 1st, 1923, Helen Lambert (Winnipeg General Hospital) to Mr. A. Spiers, of Winnipeg.

Watson-McEown—In Saskatoon, on July 27th, 1923, Sadie E. McEown (Saskatoon City Hospital, 1917) to Mr. George Watson, of Melfort, Saskatchewan.

MAKING WORK A PLEASURE

Even in the twentieth century the House of Health has work on its doormat and can be made to have the necessary smiles within its threshold. Very well, to find the smiles, you must find a modern substitute for beginning and finishing—a substitute for what goes before and after the little push you are privileged to give to the general system. I believe that in a measure you can find such a substitute in the habit of reading-up about your industry. If, for instance, you are tied to the auto industry, take an auto journal. Follow the manufacturing process with your mind, even if your body stays behind. Follow the auto inventions. Follow the auto sports. But especially follow the good of mankind as the auto serves it. If it serves it ill, look into that too; not with a mere grudge, but with a wish to be helpful, so far as your influence counts. You are a part of the service in spite of yourself. Become conscious of your part and the spite will go out of it. The cure of self-love is the love of others. Service—that's the spiritual cork.

—Editorial in *The Health Builder.*

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$30.00 a month will be paid, together with board, lodging and laundry. Application to be made to Miss G. M. Dwyer, R.N., Supervisor of Nurses, 149 East 67th St., New York City.

THE

Graduate Nurses' Registry and Club

Phone, Fairmont 5170
Day and Night

Registrar—Miss Archibald

601, 13th AVENUE, WEST
Vancouver, B.C.

Obstetric Nursing

THE CHICAGO LYING-IN HOSPITAL offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of accredited training schools associated with general hospitals.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

ADDRESS:

Chicago Lying-in Hospital and Dispensary

426 East 51st Street, CHICAGO

The Pennsylvania Hospital

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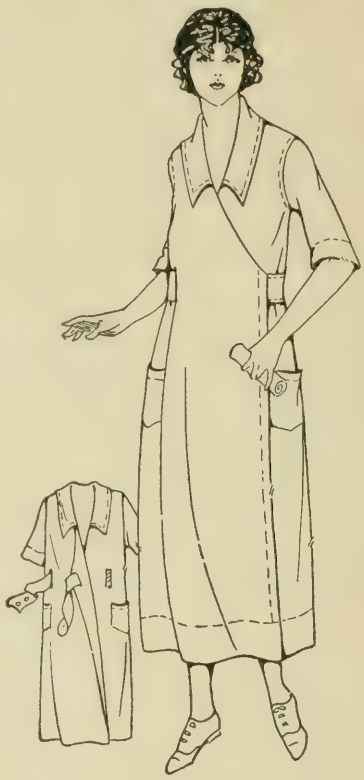

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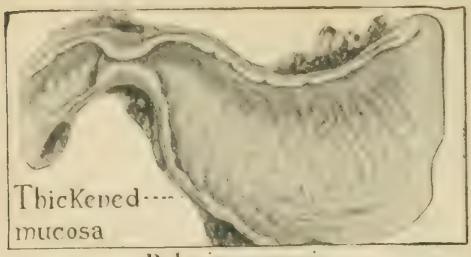
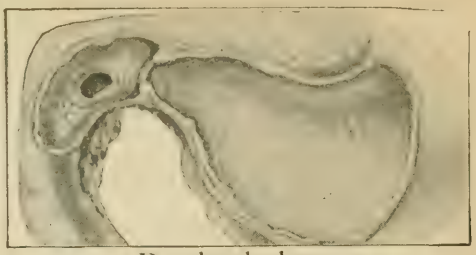
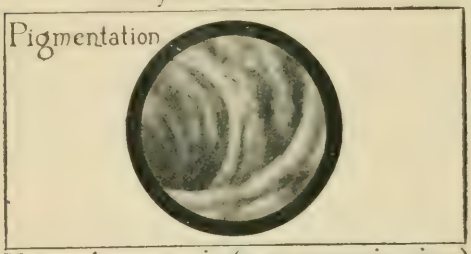


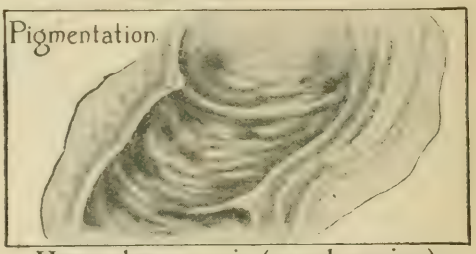
Pyloric stenosis



Duodenal ulcer



Hemochromatosis (proctoscopic view)



Hemochromatosis (rectal section)

LUBRICATION THERAPEUSIS
IN GASTRO-INTESTINAL ULCERATIONS

A NOTED specialist of intestinal diseases points out that the first and last few feet of the gastro-intestinal tract are the regions where ulcerations most commonly occur. Ulcers of the esophagus, stomach and duodenum are fairly common, he states, but those of the upper part of the small intestine and the first part of the large intestine are exceedingly rare. Ulcerations in the upper digestive tract are practically never multiple, while those occurring in the lower bowel are usually multiple. In fact, routine examinations by one of the leading intestinal specialists have shown that ulcerations of the large bowel are much more common than heretofore supposed.

Laxatives and purgatives given in gastro-intestinal ulceration cases are often the cause of the continuance of this condition or of hemorrhage and perforation and are therefore contra-indicated. Naturally, a bulky diet is also contra-indicated.

Hence, Nujol, the lubricant *par excellence,* is best adapted to *intestinal drainage* in these cases. Whether the ulcers are in the esophagus, stomach, small intestine or colon, its action is protective, coating the ulcers and favoring healing. Nujol furthermore produces its effect without causing excessive peristalsis. Injected directly into the colon as an enema, Nujol has a very noteworthy effect in healing the ulcerations.

Nujol, the ideal lubricant, is the therapeutic *common denominator* of all types of constipation. Microscopic examination shows that a lubricant that is too heavy fails to permeate the feces, and one that is too light tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Sick-Visiting Committee—Misses Cockburn, Sumner, Rinn and Grey.

Regular monthly meeting—First Tuesday, at 8 p. m.

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Regular Monthly Meetings—First Monday of each month at 3 p.m.

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HELPED THE LADY OF THE LAMP

Whiston Workhouse Infirmary, Lancashire, has a notable inmate, a widow, who nursed with Florence Nightingale, "The Lady of the Lamp," in the Crimea. She is Mrs. Janet Ann Newbury, who has just celebrated her 101st birthday.—*News of the World.*

Vol. XIX. No. 12

THE CANADIAN NURSE

AND HOSPITAL REVIEW

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DECEMBER, 1923

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All Communications to be addressed to the Editor and Business Manager, Vancouver Block, Vancouver, B. C.

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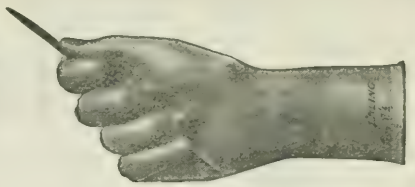

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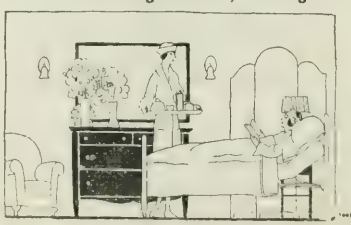

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Additional Members of Executive: Chairman, Public Health Section, Miss Florence Emory, 26 Algonquin Avenue, Toronto, Ontario; Chairman, Private Duty Section, Miss Edith Gaskell, 397 Huron Street, Toronto, Ontario.

National Memorial Committee

A special meeting of the National Memorial Committee was held at the Toronto General Hospital on Friday afternoon, October 19.

Miss Gunn reported that the Board of Judges had met the previous day, and that it had been necessary to call this emergency meeting of the National Committee immediately to authorize certain recommendations and procedure of both the Board of Judges and the Business Committee.

Monday, October 15, was the date set for the closing of the preliminary competition, and by that day six designs had been received.

Thursday, October 18, the Board of Judges (Mr. David N. Brown, of Montreal; Mr. J. E. H. MacDonald and Mr. Ernest R. Rolph, of Toronto) met at the General Hospital, and the designs were unpacked in their presence. The Board met both morning and afternoon, and finally gave their decision in a written report to Miss Gunn. Three designs were considered worthy of further development. The authors of those designs are: Mr. C. W. Hill, R.C.A., 255 Fleury Street, Montreal; Mr. H. H. Stansfield, 85 Alcina Avenue, Toronto; Mr. Alfred Howell, 208 Kingswood Road, Toronto.

The Board of Judges also met with the Business Committee on October 18, and certain recommendations were made to our National Committee as a result of that meeting:

(1) That an honorarium of $100.00 be paid to each of the artists who had submitted the designs which are not being selected for further development; in that to follow the ordinary procedure of such competitions.

(2) That a reproduction of the arch in which the memorial is to be placed be prepared, in order that the final designs may be properly judged. The arch would be used by the Board of Judges in doing their final work in Toronto, and also in Ottawa by the Parliamentary Committee when the designs are submitted to them. Mr. Cleveland will have the arch prepared. (The secretary was instructed to notify Mr. Cleveland of our willingness to have this done.)

(3) That the sculptors will be asked to have their full-sized models ready by March 1, 1924.

(Since then a later date has been set. The models must be submitted within six months from the time that final directions and specifications are sent to each of the three competitors; but there is at present some delay over obtaining those specifications. It is hoped these specifications will be ready by December. Hence, the full-sized models should be submitted by June, 1924.)

A discussion followed as to the possible date at which the memorial might be expected to be completed. From information given by the judges, it seems that the earliest possible date would be March, 1925.

(The date has since been changed to June, 1925, owing to the reasons given above.)

Following the above discussion, the secretary was instructed to send a report of this meeting to the Executive of the C.N.A.T.N., so that they may make plans concerning next year's meeting of that association.

E. K. RUSSELL,
Secretary.

THE ETERNAL RIGHT

O sometimes gleams upon our sight
Through present wrong the eternal right;
And step by step, since time began,
We see the steady gain of man—
That all of good the past hath had
Remains to make our own time glad,
Our common daily life Divine
And every land a Palestine.
Through the harsh noises of our day
A low, sweet prelude finds its way;
Through clouds of doubt and creeds of fear
A light is breaking calm and clear.
Henceforth our hearts shall sigh no more
For holden time and holier shore;
God's love and blessing, then and there,
Are now and here and everywhere.

CHRISTMAS

Light of the everlasting morn,
Deep through my spirit shine;
There let Thy presence newly born
Make all my being Thine;
There try me as the silver, try
And cleanse my soul with care,
Till Thou art able to descry
Thy faultless image there.

—*English Carol.*

Healing Cults

(Concluded.)

The treatment which will be of benefit in one disease may cause serious injury or be fatal in another. In emergency cases, a prompt recognition of the conditions existing is of vital importance, since failure to promptly apply the right treatment may result in the death of the patient. Everyone engaged in the art of healing, therefore, whether he is a physician, or whether he is an osteopath, a chiropractor, or the follower of any other system or method, needs to have a knowledge of the living body and its many complex normal functions, otherwise he is unable to recognize abnormal conditions and their causes. He needs to be familiar also with the various forms of treatment which are of generally recognized value, so that he may be able to apply the right treatment to each particular patient. The interests of the public, therefore, require that there should be one reasonably high educational standard for all practitioners of the healing art, regardless of the system or method of treatment advocated, and that no one be given authority to treat the sick unless he measures up to that standard.

Many thousands of remedial agents and procedures are used in the treatment of human disorders, the use of any or all of which are included under the general term, "the practice of medicine." Many patients require surgical treatment—those having wounds in which arteries are severed, or injuries in which bones are broken; or those suffering from malignant tumors, such as cancer and sarcomas, or from obstructive tumors such as fibroids, laryngeal tumors, etc. In such cases it would be dangerous or fatal to omit the surgery and to depend alone on manipulation of the spine or on giving only a medicinal substance. Patients with diphtheria must be isolated to prevent the spread of the malady; antitoxin should be promptly administered, local antiseptics applied, and other routine forms of treatment followed. To omit the antitoxin and use any one form of treatment, such as massage, would be disastrous. Failure to recognize the disease as diphtheria would endanger the entire community from the probable spread of the epidemic. Again, patients who have taken poisons, many of them accidentally, require the prompt use of antidotes, some of which are powerful drugs. Here, again, to substitute some other form of treatment, such as massage, suggestion, prayer, manual manipulation, or rubbing of the spine, would be futile, and the patient would simply die from neglect. To know what treatment to apply, and to avoid dangerous errors, a scientific training is essential. So in the practice of the healing art—everyone who treats human diseases and disorders by any special method or system of treatment, regardless of what that method is, should have a thorough training in the fundamental medical sciences, so that he may know not only when to use the particular method he is specializing in, but also (just as important) when that method should not be used. Here, again, the use of a wrong remedial

agent in the treatment of a patient may be more disastrous than if such treatment is not used at the time the indications call for it. The omission of the right treatment may indeed have serious results; a wrong treatment may result in the death of the patient or seriously complicate his trouble. To insure efficient care of the sick, therefore, a scientific education is required. Granted that there is some good in the methods of healing employed by osteopaths, chiropractors and others, that good will in no way be diminished if those employing such methods are first required to obtain a thorough training in the fundamental medical sciences Require everyone who wishes to practice the healing art to show he possess the proper education; then grant him a license as a physician, and let him use any method which his educated common sense may indicate. Doctors make mistakes; therefore raise, not lower, the standards.

What is the greatest asset of this country?

"In the health of the people
Lies the wealth of the nation."

—GLADSTONE.

Therefore, appeal for safeguards for our greatest asset.

WHY WE NEED FOOD

We need food for three reasons—to build and repair the worn-out parts of the body, to give energy or strength for work, and to regulate body functions. Just like any other article, the body is worn out by use, and this waste has to be made good. The foods that are valuable for this repair are largely those of animal origin, meat, fish, eggs, milk, cheese. The energy foods are those rich in starch, sugar or fat. The cereals, breadstuffs and potatoes belong to the starches, sugar itself, sweet fruits, and some root vegetables like carrots and beets furnish sugar, and butter, oils, and fat of meat give the fats. The third group is perhaps the most important and the one usually least considered. In it belong milk, green vegetables, and fresh fruits. These give the valuable minerals, particularly iron, lime, and phosphorus, and the vitamines about which you read so much these days. The latter are important food elements that are essential to life.

An adequate diet is made up of representatives of all three classes. In adults there is not a great deal of building or repairing going on in the body unless there is vigorous muscular exercise, so that not a large quantity of the foods of the first class is necessary, with the exception of milk. Those leading a sedentary life should be particularly careful of over-indulgence in this group of foods, especially meats, as their too-liberal use tends to produce intestinal disorders and discomfort, and to throw great strain on the kidneys, which may lead to diseased conditions in those organs.—JOSEPHINE A. MARSHALL in *The Health Builder* for March.

Endemic Goitre Problem

W. Riggs, M.D., Vancouver.

Goitre as a disease has been recognized since the early days of the race. At a period 2000 B.C. the Hindu religion contained incantations for the exorcism of goitre; the early Greek physicians prescribed the ashes of sea sponge for it, thus unconsciously approaching the basic idea of modern treatment. Down through the history of European medicine and literature are traces of recognition of goitre as a disease. It was Paracelsus, in the early sixteenth century, who associated Cretinism with goitre—during the nineteenth century the public health aspect was recognized by the appointment of government commissions to investigate cause and prevention.

It is recognized that there are districts in which goitre is endemic, and few countries in the world are free from such districts. In Canada, these districts are: the basin of the St. Lawrence, the basin of the Great Lakes, British Columbia and Western Alberta.

Living as we do, in a region which is known as a goitre area, we should concern ourselves with the question as to whether endemic goitre is of serious import to a country.

In any country where there are a large number of endemic goitre cases, there is a certain percentage of cases of cretins and cretinoid idiots. In 1874, a goitre commission in France reported that the goitrous cases were estimated at half a million, while there were 120,000 of cretins. In this country there is no means of estimating the number of cretins, but, judging by other statistics, it must be of very definite percentage, and, unless measures are taken to control it, that percentage will increase with succeeding generations. This because the law of heredity passes on to the succeeding generation (in greater or less degree) the constitutional defects of the parent. Here the condition of the system, possibly a deficiency of iodine or of the power of assimilating iodine, is transmitted, judging from other countries' statistics, in an accentuated form. In a very few generations, therefore, we are going to increase the number of children in which the thyroid refuses to function. As the thyroid is necessary for cell function, the deficiency is noted in matters of growth and of nerve power. Hence we get the stunted cretin and cretinoid imbecile.

Most endemic goitres are found among females, and begin about the onset of puberty. As the system readjusts itself, the goitre may disappear; but of those that remain—because of the call on the system through the vicissitudes of sexual life—the majority become adenomatous. The adenoma consists of new tissue developing within the old, and apparently leads either to an over-production of the thyroid secretion or to an altered secretion, which produces toxic symptoms in the system. The toxicity in a high percentage of these adenomata leads to a condition of the system which calls for removal by operation of the growth.

As hinted above, there are several theories as to the cause of endemic goitre. Probably to-day the majority favor the deficiency theory, which explains the over-growth by a deficiency of iodine in the system. Why the machinery for the transformation of mineral iodine into a colloidal form is increased in size and capacity—when the supply is deficient—is not explained by the advocates of this theory.

Then McGarrison and a number believe in an infectious origin. Experience in India, where the water was obviously infected, and from experiments with intestinal bacteria, McGarrison came to the conclusion that a form of bacteria, possibly from the intestinal tract, was necessary for the enlargement of the thyroid.

As the water, which apparently has much to do with the cause of goitre in these districts, comes from mountainous areas, or from certain earth formations, it is possible that decaying vegetation, with the multiplication of a certain type of saprophyte, may have something to do with the enlargement. Because it is known that in infections the thyroid enlarges—apparently in response to an extra call for its secretion in an endeavor on the part of the system to overcome the poison.

Whatever the cause, it has been found that iodine, whether acting as an antiseptic or supplying a deficiency, is of great value. As we find the results of uncontrolled goitre in the increase of cretins on the one hand, and definite percentage of adenomas on the other, we feel that it is highly desirable from the standpoint of the community that an effort should be made to control it. That it can be prevented to a large degree is shown by the work of Marine in Akron, Ohio. In this, a goitrous district, school girls with normal thyroids, from the fifth to the twelfth grades, were given treatment. At the end of six months, a re-examination showed that of the 764 who had taken the treatment none had developed goitre; while of 1,879 who had not, goitre, shown by increase in the gland, had developed in 26 per cent. The form of treatment was simple, consisting of a salt of iodine given in small doses—for ten days—at six months' interval. This not only kept normal children free from goitre, but in mild cases caused one-third to disappear.

From the showing made by this experiment, it would be easy to eliminate simple endemic goitre from the list of diseases to which girls of this country were subject, by continuous prophylactic treatment. An effort toward this end should be made by our school trustees and health authorities.

INFLUENCE

Even as the odors of a garden flower
Are borne in devious ways on still night air—
So, in each life bides an unconscious power
To waft its influence we dream not where.

EUGENE C. DOLSON.

International Council of Nurses

The committee of the International Council of Nurses has just concluded in Copenhagen a business meeting to enquire into various matters of importance to the nursing profession which had arisen after the war. Many foreign delegates were present, including the following: From New Zealand, Miss Bicknell, who is taking up the post of chief health nurse of New Zealand's four provinces; from U.S.A., Miss Clara D. Noyes, leading Red Cross nurse of the United States, Miss Isabel Stewart, Professor of Columbia University, New York, and Miss Adda Dines, administrator and instructor at the Western Reserve University, Ohio; from England, Miss Lloyd-Still, matron of St. Thomas' Hospital, London, Miss Rundle, secretary of the College of Nursing, Ltd., and a representative of the National Council of Nurses; from Scotland, Miss Gill, lady superintendent of the Royal Infirmary, Edinburgh; from Germany, Generaloberin Agnes Karll, president of the German Nursing Association; from France, Mdle. de Joannis, head of a school of nursing in Paris, Miss Olmsted, head of the American Division of European nurses under the League of Red Cross Societies, and Miss Walker, from Soissons, head of the children's welfare department of the American help-committee in France; from Roumania, Miss Anscombe, matron, American Red Cross Hospital in Bukarest; from Poland, Miss Bridge, matron of the American Red Cross Hospital in Warsaw; from Serbia, Miss Newton, matron of the American Red Cross Hospital in Belgrade; from Italy, the Marchesa Targiani di Guiunti, president of the Italian Association of Nurses; from Belgium, the Comtesse d'Ursel, leader of the Belgian Union of Nurses; from Holland, Miss Verney-Majan, president of Nosokomos, the Dutch Society of Nurses; from Norway, Sister Bergljot Larsson, president of the Norwegian Union of Nurses; from Sweden, Sister Bertha Wellin, member of the Rigsdag, president of the Swedish Union of Nurses, and Sister Sigrid Hojer; from Finland, Baroness Mannerheim, president of the Finnish Union of Nurses, Principal Fru Lackstrom, editor of *Epione,* and Froken Snellman, inspectress of child welfare under General Mannerheim's Union for the Protection of Children.—*The Nursing Times.*

THE CHILD WELFARE SYSTEM IN NEW ZEALAND

New Zealand has the lowest infantile death-rate in the world, and it has been still further reduced this year.

America sent over a representative to study the child welfare system evolved by Dr. Truby King.

South Africa has sent for a nurse trained by Dr. Truby King himself while in London, and who has been studying his work in New Zealand for the last eighteen months.

Editorial

Merry Christmas to all, and, as says Tiny Tim, "God bless us all," and this is our wish to all the nurses in Canada.

Who among our number but remembers with great pleasure the full, busy Christmases of their training, when our own personal plans seemed so small and of so little importance, in view of the pleasure and joy to be given the inmates of our hospitals? From the early morning singing of carols, till the last visitor left, and the patients settled down for the night, it was always one of the days of the year looked back to with a satisfaction not always felt at the end of our regular hospital days. Happy are the hospitals which have Social Service Departments and where the pupils are given a taste of the privilege of giving to those who, without this help, would have a meagre Christmas festival. Could each association of nurses all over Canada take this year, as their Christmas offering, some practical help for the sick and poor in their own home town? There are so many people, known perhaps to the nurses through their work, who, though the very last to ask for help, would appreciate, more than they can express, the thoughtful and loving attentions of the nurses. Particularly should we have a special interest in the sick and elderly nurses. Elderly nurses are just now appearing on our Canadian horizon, as our profession is so young, but they are here, and at Christmas must often feel the need of some little Christmas thought and cheer. We must not be too self-centred, and as a profession will be all the stronger and better for some social service work among our fellow citizens, either as members of an association or as individuals and perhaps both.

The Canadian Nurse Magazine wishes all its readers a Merry Christmas and a Happy and Prosperous New Year.

* * * *

Postage Stamps are not to be used on Cheques or Receipts After October 1st, 1923

Subsection 2, of Section 10, of the Special War Revenue Act, dealing with stamp tax on receipts and cheques, came into operation on October 1st, after which date you will be required to use the *excise tax stamp* in place of the ordinary *postage stamp* that has been so commonly used in the past both on receipts and cheques.

Your particular attention is drawn to this matter to avoid the possibility of your cheques being dishonored in the event of your using postage stamps in place of excise tax stamps, as we understand from the banks that the use of *postage stamps* on cheques will, to all intents and purposes, be construed as unstamped. Please do not forget exchange on cheques.

National Office, Canadian National of Trained Nurses

The Executive Committee of the Canadian National Association of Trained Nurses wishes to announce that a national office for the association has been established at 609 Boyd Building, Winnipeg, Man., with Miss Jean S. Wilson, R.N., Executive Secretary, in charge.

The nurses of the various associations affiliated in the National Association have long felt the need of a headquarters office with a full-time secretary, and at the annual meeting held in Edmonton in June, 1922, a majority vote of the associations represented decided on the establishment of such an office.

It is the wish of the members of the National Association that this office should become a Bureau of Information for the various branches of the nursing profession in Canada. Nurses wishing to obtain positions should send a request to the executive secretary for an information form. Hospitals, institutions and organizations employing registered nurses are recommended to refer to the executive secretary when wishing to obtain the names of nurses available for their needs. No fee or commission is charged for any assistance received through the National office.

The duties of the treasurer and archivist have been delegated to the executive secretary.

* * * *

Reports from the Secretaries of the Provincial Associations for June, July, August, 1923.

ALBERTA

The private duty nurses have been somewhat busier during the latter part of the summer. This has been due probably to a number of nurses having left for other parts of Canada or the United States. There are no vacancies in hospital positions, and at present there is no prospect of any extension in either district or public health nursing. It is possible there may be an increase in the activities of the Red Cross Society as a result of a more bountiful harvest than there has been for several years.

The annual meeting of the Alberta Association of Registered Nurses was held in Calgary in September. During the convention, by an almost unanimous vote, it was decided to increase the annual fees of the association so as to include the amount for the special levy for the financial support of the National office in Winnipeg. A committee, with Miss C. Lonsdale as convener, was appointed to make a survey of the need of a type of nursing service during illness in the homes not at present provided for by the nursing profession in Canada. In reply to a request from the Executive Committee of the Canadian National Association of Trained Nurses for an expression of opinion on the question of midwives, the following resolution was passed:

"Resolved that we, as an Association of Registered Nurses, realizing the needs in our outlying and sparsely-settled districts, feel that we cannot recommend the establishment of the midwife, as such, in our province. We do not feel that she should assume such responsibility. We would respectfully recommend that small hospitals be established in the outlying districts, with modern equipment and staffed by qualified nurses with special training in obstetrical nursing, and that some arrangements be made by which a properly qualified medical man might be attached to these districts. We would deplore the introduction of the midwife, as such, as we feel that the solution would be a short-sighted one; it would give us another element to be watched and supervised, and we fear she would be an expensive makeshift."

The nurses of Alberta are pleased to welcome to the province Miss McCammon, graduate of the Montreal General Hospital, and of the School for Graduate Nurses, McGill University, Montreal, who, in October, arrived in Edmonton to take charge of the school for nurses at the University Hospital.

ONTARIO

One meeting of the Executive Committee was held during the summer. The reports of the various standing committees presented at this meeting, in September, showed that the work for the coming year had been thoroughly organized, and with some progress already reported. The Committee on Legislation reported that 2,453 nurses had registered in Ontario. The Private Duty Committee reported that a most successful extension course for private duty nurses had been held during August at the University of Toronto. About 350 nurses were enrolled for this course. The committee to consider the standard minimum curriculum for training schools reported the results of the work of this committee, which would soon be ready for presentation to the Executive Committee of the Graduate Nurses' Association of Ontario.

INTERNATIONAL NEWS

Miss Cora E. Simpson, R.N., has been appointed general secretary to the Nurses' Association of China, which is affiliated with the International Council of Nurses. In acknowledging the greetings of the National Council of Trained Nurses of Great Britain and Ireland, upon admission to the I.C.N., Miss Simpson writes: "Thank you very much. This resolution, with your letter, will be presented at the National Conference of the Nurses' Association of China, to be held in Canton in February. We are looking forward with great pleasure to meeting members of your National Council at Helsingfors in 1925."

Public Health Nursing Department

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Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

Nova Scotia—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N. B. **Quebec**—Miss Elizabeth Smellie, 46 Bishop Street, Montreal. **Ontario**—Miss B. Knox, Provincial Board of Health, Spadina House, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Marion Lindebaugh, Assiniboia, Saskatchewan. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

The Saskatoon Health Centre

In making a report on the organization of the Child Welfare Clinic and activities of the health centre of Saskatoon, we feel that the work accomplished during the past year is in large measure due to the establishment and equipment of the clinic. The clinic was organized, equipped, and is supported by the Hugh Cairns, V.C., Chapter of the I.O.D.E., and consists of two rooms—a rest-room, furnished with couch, easy chairs, and a table, on which is kept supplies of health literature from the Provincial and Dominion Health Departments for distribution; and the clinic proper, with its up-to-date equipment, which is, from time to time, supplemented as the need arises, the latest additions being laryngoscopic and urinalysis sets.

The clinic was formally opened on March 28th, 1922, and the first Child Welfare Clinic, for children under two years of age, was held on April 22nd, with an attendance of ten. Two clinics are held each week. Histories, weights and measurements are taken by the nurses in charge on Tuesday afternoon, and a physical examination is made on Friday morning by the physicians in attendance for the month. Records are kept of all examinations, and a copy given to each mother. Follow-up work is often found necessary, and visits are made to the home by the

nurses. The total attendance for the year ending December, 1922, was 556, which we feel is very encouraging, and which shows that the mothers of the city appreciate the opportunity afforded them. The members of the local medical association have recognized the importance of this work, and two members each month give their services from 11 to 1 o'clock every Friday morning. A number of the members of the association have also expressed their willingness to take the work at the sick baby clinic now being organized.

A nutrition clinic for poorly-nourished and under-developed children is held on Thursday afternoon. Histories, weights and measurements are taken of these children; a visit is made to the home to ascertain home conditions, and advice is given as to proper food, rest and exercise. Charts are kept, and the children return regularly to be weighed.

Inoculation clinics are held on Monday and Friday afternoons and Saturday mornings. The work done at these clinics for the year 1922 is as follows: Smallpox vaccinations, 498; typhoid fever inoculations, 1,577; pertussis inoculations, 12; diphtheria antitoxin inoculations, 80; Schick tests, 104; toxin antitoxin inoculations, 134.

Tuberculosis clinics are held twice a week. During the year 1922, thirty-six examinations have been made by Dr. Wilson, Medical Health Officer, and sixty tuberculin tests have been done. Of these cases, six have been admitted for treatment to the Fort Qu'Appelle Sanitarium. The I.O.D.E. Chapters of the city have co-operated in this work, and are maintaining two of these patients. This is work that has been made possible only by the equipment supplied by the I.O.D.E.

The Day Nursery is also under supervision of the Health Department. Children are admitted up to school age, and are cared for by the matron and one assistant. At present we have twenty-six children on the list, with an average of twelve in attendance. All children are examined by the nurse, or the Medical Health Officer, on admittance, and a weekly examination is made and records kept of their weight and development.

Two nurses are engaged in the work at the health centre, one nurse being always in attendance for clinic work, while one is engaged in district visiting.

The total attendance at the clinics for the year 1922 was 3,358 persons. The district visits made total 2,595, which represents baby welfare work, pre-natal, medical, and tuberculosis visits, relief inspections, visits at the babies' home and children's shelter, child hygiene work, etc.

We are fortunate in having a central location for the Health Department, where our two large windows are admirably adapted to the health educational exhibits which are conducted by the Red Cross Society, and in which the Health Department gives all the assistance possible. Interest

is being shown by other organizations of the city in this work. The public library has already had a splendid exhibit, and the City Hospital is planning one for Hospital Day.

E. M. HAGERMAN.

Home Nursing and Child Welfare in the Rural Districts

In Western Canada, where the greater part of the population is of a rural nature, the health of the country people is of tremendous importance, and is a subject deserving of the most serious consideration.

In the past the general opinion has been that health abounds in the country districts, where the atmosphere is pure and the simple manner of living tends to provide general well-being.

Investigation proves that this is far from being the case, and unsanitary conditions of home and farm are a constant menace to health. For instance: Generally, the farmer builds his house after his own fancy, with no view to ventilation, and during the winter months he, as far as possible, seals any crevice which might admit a little cold air; therefore he and his family, while indoors, are constantly re-breathing the same air. So we cannot be surprised at the prevalence of diseases of the respiratory system. The cities are generally provided with the means of gaining knowledge on the subjects of health and sanitation, and have greater facilities for the maintenance of health and the prevention of disease.

For this work in the rural districts nurses, specially trained, are employed, and a special course has been arranged on "Home Care of the Sick and Care of Children." This course was introduced in order to include all classes of women, as well as the older girls.

The lectures and demonstrations include: Personal hygiene, prenatal care, general care of bed patients, bed-making, changing of linen with patient in bed, and all details in care and management of children from birth to school age. The work of saving the lives of children and having them grow up well and strong must be started before they are born, if we are to have the best results.

The great hope lies in the education of mothers, with regard to infant feeding, general sanitation, and hygiene. It should be our constant aim to endeavor to procure for parents necessary instruction and hospital care, and to urge upon them the necessity of taking advantage of such measures.

The course must of necessity be general in application, and therefore limited in extent.

In addition, in order to impart as much useful information as possible, particularly to young mothers, infant welfare conferences are arranged as frequently as possible in conjunction with the nursing classes.

Children of pre-school age are medically examined, and any defects found are referred to the family physician for remedy. In this way much has been accomplished with regard to such conditions as diseased tonsils, adenoids, and decayed teeth. Such conditions have injurious effect if allowed to persist, causing mental backwardness and such serious infections as rheumatism and heart disease, etc. As a result of clinics, many defects have been remedied early.

Information obtained at these welfare conferences suggest that many deaths are due to preventable causes and want of knowledge on the part of the parents—diseases of the digestive system, due to improper and irregular feeding; bronchitis and pneumonia, due largely to unhygienic surroundings.

Last year there were born in Saskatchewan 22,980 children, or an average of 61 each day; and of these, 2,413 died before they were a year old (average of 6.6 daily), and 1,200 did not live one week (including still-births). For every 1,000 born, 105 died under one year of age.

Diseases of the digestive system account for 294 of the deaths; or it might be said that over 12 per cent. of the babies who died under one year died as a result of improper feeding.

Considering that Saskatchewan is the youngest province in the Dominion, it is with pardonable pride that we state that this province has the *second lowest infant mortality rate in the Dominion!* British Columbia holds first place.

The Union Hospital scheme was established principally to enable mothers to make use of hospital care during confinement; and that they are using the hospitals for this purpose is shown by the fact that in 1916 one child in every eleven was born in a hospital, whereas in 1921 one child in every six was born in a hospital.

Medical help has been difficult to obtain in many districts, and some of the people cannot afford even the necessary outfit for a new-born baby. The Bureau of Public Health has been giving relief to such cases in the form of a maternity grant ($25.00). Saskatchewan is the only place giving assistance of this nature in America.

The work in home nursing and child welfare covers the entire province, in proportion to the amount of time of the nurse, as well as taking into consideration distances which she must travel and the mode of travelling.

Each year we are reaching a larger proportion of the people through demonstrations, exhibits, educational posters and health films.

The *end in view* of the short course is to teach the women of the community the application and daily use of the methods presented.

The *aim* is to make the talks informal, but impressive.

An important factor in teaching home nursing and child welfare in the rural districts to the women is that they may know better how to

create a healthful atmosphere in the home, as well as how to care for their own when sickness comes.

It may be said of much of the health knowledge of adults that it is not that the people are so ignorant, but, as Artemus Ward said, "They know so many things that are not so."

The short course is held with the excellent co-operation of the Women Grain Growers, Homemakers' clubs, Red Cross societies, I. O. D. E., etc. These clubs furnish opportunities for the mothers and health educators to get together and discuss health problems which are of real benefit to the community.

A booklet, "Care of the Baby," gives, in condensed form, instruction to mothers on pre-natal care and general care of babies. This booklet is distributed free at all classes. Health leaflets, printed in English and French, on communicable diseases are distributed free upon request.

In conclusion, may I state that in 1922 forty-four baby clinics were held and 1,906 children examined. These examinations revealed some 5,670 defects.

The short course in home nursing was given at eighty different places in the province, with an average attendance of fifty women, thereby reaching approximately 4,000 women.

CHRISTINA R. PEERS, R.N.

Survey of Pre-School and School Age Children in Ontario

Not the least interesting part of the survey of school and pre-school children, now being made in the Province of Ontario, is that section of the country which was chosen for the work. We wonder if, as Canadians, we know and appreciate the beauties of our own land—or do we often miss those nearest at hand? Surely the Dundas Valley, in the County of Wentworth, is one of the beauty spots of Ontario, or even Canada! Long before the now flourishing City of Hamilton had passed the hamlet stage, Dundas was the thriving centre for the Valley and the surrounding country. At that time a boat, plying between Dundas and Toronto, noted on its schedule, "Calling at the Port of Hamilton." Many interesting stories are told of the old canal, the toll-gates, and the varied happenings of the days before the railway came along the hillside on its way further west.

To-day we, who have been fortunate to come to Dundas, have found the old town delightful; its citizens more than hospitable; and the beauty of its hills and valleys, its winding roads and rich autumn colorings, quite beyond our power to describe.

This survey of pre-school and school children being made in Dundas, and the Township of West Flamboro, is part of a Dominion-wide move-

ment held under the auspices of the Canadian Tuberculosis Association, with the assistance of the Canadian Red Cross, who have provided the larger part of the funds. The central committee, with headquarters at Ottawa, have under them a provincial committee for Ontario in Toronto, and this latter committee chose the town of Dundas and the surrounding country as the most suitable place to carry on this survey — partly on account of proximity to an up-to-date and well-staffed sanitarium and partly on account of the hearty co-operation of the Hamilton Medical Society, whose members volunteered to do the necessary examining of the children. In British Columbia and Saskatchewan, where surveys are already complete, particular attention was paid to tuberculosis only; but the present survey includes everything that may be affecting the general health and proper development of the child.

Preliminary to the actual survey, the school trustees of each section were interviewed and permission obtained for their school to be included. In addition, an explanatory letter and a permission slip were sent out to all parents, and no children were examined without the parents' consent. Parents were invited to be present at the examination; and the large number who availed themselves of this opportunity, as well as the comparatively small number of refusals for the examination, has been very gratifying to those who are conducting the work.

In Dundas, the survey will include pre-school age children — the public, separate, and probably the high school. In the rural communities, each school has been visited, and many mothers brought their younger children to the school on the appointed days in order that they also might receive the benefit of a thorough examination.

In addition to the general medical examination, each child is given a vision test, and ear, nose and throat examination by a specialist. As this part of the country is in the so-called "goitre belt," any tendency to enlargement of the thyroid gland is particularly noted. Height and weight is recorded and percentages under or over weight for height computed. Afternoon temperatures are taken and, where over 99.4, repeated at a later date in order to offset possibility of rise in temperature, due to excitement or other minor cause on the first day. X-ray plates are taken of all children; the Eastman Kodak Company have donated some 600 films. By means of X-ray, afternoon temperature, and intra-cutaneous tuberculin test on each child, also special chest examination of suspect and contact cases by specialists from the Mountain Sanitarium, it is hoped that any evidence of early tuberculosis, whether human or bovine type, will be detected. In the rural communities it has already been interesting to note the relation existing between the number of tuberculin tested herds in a given community and the number of children giving a positive reaction to the intra-cutaneous test.

This work is being conducted by the Hamilton Medical Association, which society is particularly to be commended that so many of its mem-

bers have volunteered their services in order to make the survey the success it promises to be. In all, some thirty-five Hamilton doctors have given one to four mornings a week as they were able to spare the time. Specialists from the Mountain Sanitarium have given very valuable service in special chest examination and in giving the intra-cutaneous tuberculin tests. Special mention should be made of the untiring efforts of Dr. L. C. Lauchland, of Dundas, president of the Hamilton Medical Society; Dr. J. H. Holbrook, medical superintendent of the Mountain Sanitarium, also chairman of the local survey committee; and Dr. G. C. Brink, tuberculosis diagnostician for the Ontario Provincial Board of Health. In addition to one full-time public health nurse employed by the local committee, other public health nurses have been loaned by the Departments of Health and Education of Ontario, and the Mountain Sanitarium. Several local nurses gave volunteer services for a short time, and two stenographers are employed for clerical and record work.

As this work is still in progress, no deductions can as yet be made; but it is hoped that eventually statistics will be available for some 1,500 children, and that not only will the children of Dundas and the surrounding country be benefited, but that the results obtained will be of value to the health authorities and in the interests of all the children of the province.

EDITH FENTON.

Reception of the Earthquake Refugees at Victoria, B. C.

Unusual excitement prevailed at William Head Quarantine Station on the afternoon of September 15th, when the SS. Jefferson was expected with the first refugees from Japan. Seaplanes, launches and speedboats, with newspaper and camera men, were much in evidence; each one anxious to be the first to see those who had escaped from Yokohama and Tokyo and hear their experiences, in order to have a "scoop" for his paper. They had to wait with impatience till the quarantine doctors were through with their inspection. Mrs. Harold Fleming, president of the Victoria Branch of the Red Cross Society, was taken out in the doctor's launch to offer help from the Red Cross; and they were assured that all passengers in need would be made welcome at William Head, and would be provided for till other means of assistance could be given. Twenty-five accepted Dr. Brown's offer, and came with him to the dock. Three nurses, Miss M. E. Morrison, president of the Victoria G.N.A., Miss Craighead, of the Red Cross, and I, were on the dock to welcome eighteen adults and seven children. These were British subjects, and all absolutely destitute. The clothes they wore, given them at Kobe, were suitable for warm weather only. They had all felt the cold while crossing the Pacific. We took them to the first-class building, which had been

prepared for them. They said, many a time afterwards, that we could not know what it meant to them to come into that dining-room, which looked so cheery with its flowers, and the bright fire in the big fireplace. All showed signs, even then, of the severe strain they had been through. The children were afraid the fire would burn the house down, and did not quite like the idea of going to bed upstairs; but when they were assured that there was no danger of an earthquake, and that the fire was quite safe, they were contented.

The quiet of William Head, the lovely gardens and the beaches, which the adults as well as the children enjoyed, helped much to restore their nerves, and soon all but the parents of the little ten-year-old girl killed in Yokohama reported that they were sleeping better. We could sympathize with this mother, who longed to know that her child had been dead before the fire reached the spot where she lay, buried under the ruins of a shop which fell during the earthquake. The refugees were kept well supplied with fruit, etc., and everyone with whom they came in contact was very kind. Automobiles were provided, and they enjoyed many a ride through the beautiful country. The Red Cross Society supplied each person with a complete new outfit of necessary clothing, and gave the women suitable old garments, which could be made over for themselves or the children. They all looked very much improved in health before they left William Head.

CAROLINE I. WHILLANS, R.N.

Operating Factors in Industrial Hygiene

By C.-E. A. WINSLOW,
Professor of Public Health, Yale School of Medicine.

Paper Read at the Annual Meeting of the New Jersey Sanitary Association, Held at Lakewood, December, 1922.

Let us assume that an intelligent and public-spirited manufacturer is establishing a new factory and desires to furnish the most ideal conditions possible for the health and efficiency of the worker. In planning his plant he provides for a fireproof building with Philadelphia fire tower, exits on two sides and ample approaches to these exits from all parts of the work-rooms. He obtains an unexcelled water supply. He installs well-lighted and ventilated toilet rooms connected with a well-designed sewerage system and disposal plant. Every factory work-room is amply lighted by its windows and protected against glare by properly designed shades, and the system of artificial illumination comes up to the highest standards of illuminating engineering. The ordinary work-rooms are ventilated by properly protected window inlets, with gravity exhaust ducts, while rooms which are particularly crowded, or where a special heat hazard exists, are

provided with efficient systems of fan ventilation. Excellent exhaust systems are provided wherever poisonous fumes may be generated, and in connection with grinding wheels and other equipment producing injurious dusts. Where poisons are handled, floors and work tables are of impervious material, and ample washing and locker facilities are provided. Every machine likely to produce accident is guarded. Safety treads are used on the stairs, and all platforms and elevated places are railed and provided with toe-boards. The plans include an admirably equipped dispensary, with rest-rooms and an attractive cafeteria.

We may imagine such a manufacturer looking upon his plant with a pride and satisfaction that would indeed be justifiable, and saying to himself that, whatever might happen elsewhere, the welfare of his employees was thoroughly provided for.

The point that I want to emphasize this morning, however, is that ideals of industrial hygiene can by no means be assured by the most meticulous attention to factory construction unless equal attention is also paid to the daily problems of operation. In every field of human endeavor we lay too much stress on bricks and mortar, too little on protoplasm, while, as a matter of fact, it is the directing brain which is always the essential element in success.

Such an ideal plant as has been discussed above will not continue to function ideally, even from the mechanical standpoint, without supervision. Ventilation appliances will be misused and will get out of order. Machine guards will be discontinued and new machines and new processes will be introduced, so that, unless there is some one person responsible for upkeep and operation, the money put into initial construction may be bringing little or no return after a year has passed. A primary essential for success is therefore the employment of a safety engineer or some other expert charged with the constant supervision of all those physical conditions in the plant which bear upon illumination, ventilation, general sanitation, and the protection of the worker from poisons, dusts and other hazards of employment; and it should be a fundamental part of the work of such an expert to receive and to analyze reports covering every injury received within the plant, however slight, in order to see what safeguard might possibly have been provided for its prevention.

In the second place, just as constant supervision of the physical plant is essential to success, so is the supervision of the workers themselves, from the standpoint of physical health and efficiency. The plant physician is indeed the most important of all the elements in the scheme of industrial hygiene. However perfect our provision against accidents may be, some accidents will occur, and their prompt treatment probably counts more than any other single factor in the reduction of lost time. The work of the plant physician should, however, have a much wider scope than this, for it is his province not only to practice curative medicine, but to exercise constructive supervision over the health of the individual worker

and to secure that adjustment between the individual worker and his job which will ensure health on the one hand and efficiency on the other. Complete physical examination should be made on entrance for the purpose of securing such adjustment, and just as the accident records in the factory are studied by the safety engineer in relation to processes of production, so the plant physician should be constantly in touch with the sickness records from various work-rooms and should be constantly studying the influence of the work itself and the conditions under which the work is done on the health of the worker.

Finally, if a real success is to be attained, it is essential to ensure the intelligent co-operation of the worker himself, and it is particularly in this field that the industrial nurse becomes a figure of supreme importance. She assists the physician in his work of treatment and in his physical examinations; but her most important function in the factory, as in the general public health field, is as a teacher, a messenger of health, enlisting the will and the intelligence of the individual worker in an earnest effort to promote his own and his neighbor's health.

A comprehensive plan for industrial hygiene demands, therefore, not only the original construction of a safe and healthful plant, but the continuous leadership of experts dealing with the plant itself and with the health of the worker. In a large factory it will obviously be wise to employ full-time experts of the three types suggested above, the safety engineer, the industrial physician and the industrial nurse. The great majority of industrial plants are small plants, however, and it is the lack of expert guidance in these smaller plants that constitutes the most serious gap in the field of industrial hygiene. A full-time physician and a full-time nurse can ordinarily be profitably employed only in a plant with at least 1,000 employees, while it is only a plant of even greater magnitude which can afford, as a rule, to employ a full-time safety engineer. In smaller factories the medical work is generally assigned to part-time practitioners, who devote a few hours a day to the plant hospital, and such a type of service must, except in the rarest instances, be altogether unsatisfactory. The general practitioner of medicine comes into the factory to render the same type of service which he renders in his own office—that is, to give medical and surgical care, and no doubt he generally does this well; but the actual rendering of medical and surgical care is but a small part of the service which the industry really needs. The study of the process and the plant, the constant analysis of sickness records, the suggestion of efficient and economical methods of safeguarding the worker and of promoting his industrial efficiency—these are problems for the specialist in industrial hygiene, but quite beyond either the knowledge or the interest of the average part-time industrial physician. Not merely the dressing of cuts, but intelligent, constructive leadership in industrial hygiene is the ideal to be pursued; and the first and foremost problem for the small industry, as I see it, is the working out of a plan by which there can be secured a service of this type. The first step that

suggests itself is the combination of medical service and safety supervision in the hands of a single man, and in most industries I believe such a combination is feasible and economical. Where the nature of the industry involves uncommon and complicated mechanical hazards, it will, of course, be necessary to employ a trained expert in machine guarding, but for the average plant the physician who has really specialized in industrial hygiene and sanitation so as to make it his life work is quite competent to handle the problems of safety as well as those of sanitation, and, by combining the money paid to a safety engineer with that paid for unsatisfactory part-time medical service, many an industry could obtain the counsel of a real expert in this field. For the still smaller plant, a combination with other neighboring factories is the only way out of the difficulty. Such a plant must have part-time medical service in any case; and it will be far more profitable to divide with another plant the time of a physician who has made himself an expert in industrial hygiene than to divide with the general public the time of a physician who knows and cares nothing about the broader problems involved.

For the factory which is too small to employ a full-time industrial nurse, the same principle holds; and the best results will generally be obtained by securing the part-time service of a nurse who is actually working in the public health field. Fortunately, through the general development of public health nursing programmes, it is now generally possible for the industry to effect a contact with an organization of this kind.

The time has gone by when any doctor or any nurse was good enough for industrial health service. The physician, if he is to be efficient, should be an industrial physician, devoting his life to the problems of industrial health; and the nurse, if she is to be effective, should be an industrial nurse, with real vision of the field of public health and of its educational possibilities. I know that at the present moment there is a widespread impression that industrial medical service has been "oversold"; but I believe the trouble lies with the type of service which has been sold, and not with the essential value of health supervision. When we find that the studies of the United States Public Health Service, as recently reported by Dr. L. R. Thompson, indicate a 700 per cent. variation in sickness rates in different plants, it seems to me pretty obvious that it is good economy to provide efficient machinery for controlling the factors that make for sickness. The primary element in such machinery is the employment in every factory of some one individual whose duty it is to make a continuous study of the physical health and efficiency in the particular plant and of the factors which affect such health and efficiency. No factory, however well designed, is adequately organized unless such an officer exists and unless he is a man whose life is devoted to the study of industrial health. The full-time plant physician, whether he serves one plant or several, is, in my judgment, the crux of the whole problem. If an industry has the vision to employ a physician of this kind, all the other details in the plant can be worked out by him. If it does not employ

such a leader and co-ordinator, but relies on casual medical assistance and inefficient nursing service, no perfection in plant construction will ever yield worth-while results.—*Public Health News.*

Report of Social Hygiene Medical Committee

The report of the Medical Committee of the Canadian Social Hygiene Council on the standardization of the diagnosis and treatment of venereal diseases has just been put into circulation by the Department of Public Health at Ottawa, by whom many thousands of copies have been issued.

The report represents the work of a committee of thirty-five prominent men and women physicians, acting under the able chairmanship of Dr. Edmund E. King, of Toronto. Final editing of their findings and recommendations was done by Dr. J. J. Hagerty, Chief of the Division of Venereal Disease Control in the Dominion Department of Health, and the intention is to place a copy in the hands of every practising physician in the country.

The report recommends that "all laboratories, including university laboratories, doing Wassermann tests, shall be licensed by and under the supervision of the Provincial Board of Health," and urges that "private, university, hospital, municipal and provincial laboratories, in the use of these tests, adopt recognized methods, so as to approach uniform results for the purpose of comparative study." The valuable report is expected to prove of immediate usefulness to every practitioner in Canada, and cannot fail to become an indispensable adjunct to all who make a specialty of the treatment of venereal diseases.

Another special committee, acting under the convenership of Miss Jean Gunn, of Toronto General Hospital, has in course of preparation a second report on venereal diseases, one which will be produced almost immediately by the Council itself, and which is intended for use in the instruction of nurses, and in training schools for nurses in Canada.

Public Health Observations in Japan

By Mrs. Anna M. Stabler,
Director of Nursing, Red Cross (B. C. Branch).

"*Duty*—that is to say, complying with whate'er is expected here." And so it seemed to me, when asked to write an article on my recent experiences in Japan—giving it a public health slant, if possible.

My stay in Japan was short. I was on hospital duty until the day of sailing, so there was little opportunity for observation.

A telegram was received from Red Cross headquarters, asking me to go to Japan to assist in relief work, primarily among foreigners, but

among the Japanese if necessary. A ship was sailing from Vancouver in an hour; so in 45 minutes I was at the wharf, ready to embark. Wishing to be in good condition for any kind of service, anywhere, I took an anti-typhoid innoculation after sailing. This precaution proved to be unnecessary, as only a few cases of typhoid developed in Tokyo as a result of the earthquake. The fact that very few cases of disease followed such conditions redounds to the credit to the Japanese, as well as to the foreigners, who did fine work, especially during the first days after the disaster.

Pestilence was prevented by the devastating fire which followed the earthquake, as well as by the cremation of bodies by the municipal authorities. In a remarkably short time after the disaster, the water mains had been connected in Tokyo. There were fewer than 100 cases of typhoid and dysentery in the city, due to prompt efforts to prevent the spread of these diseases. Many thousands of refugees came to Kobe from Yokohama and vicinity, but not one case of contagious disease was reported from among them.

The Japanese Government promptly took steps to prevent food profiteering. This was so successful that food could be bought more cheaply in Yokohama than in Kobe.

Among my casual observations, I was impressed by the great number of public bath-houses, which the people frequent daily for hot baths. Only the very well-to-do residents have bathrooms in their houses; so that the public baths are a necessity, and meet a demand.

The sanitary arrangements in the houses, and the deep sewers along the sides of the streets, leave room for improvement, and this is not likely to come soon in the thickly-populated cities.

Nose and throat trouble is very common among the Japanese children. This is said to be due to the fact that the children are not sufficiently clad, in the way of underclothing; and there was no doubt in my mind that this might well be true. The rainy season had started before I left Japan; and it was evident that the national style of dress was far from being practical for all kinds of weather, although delightfully picturesque.

Concerning child welfare, I visited a remarkably interesting "Children's Consultation Bureau" in Osaka, which is the second largest, and the greatest industrial, city in Japan, with a population of two and a-half million. This bureau was organized in July, 1919, and its activities are centralized in a building which is commodious, and was built for the purpose, which was outlined as follows:

> To promote children's consultation with guardians of children, concerning their health and education, and by research in the means of care and protection of children.
>
> Lines of work:
>
> 1. Health—Care of the mother before and after birth; care of new-born and nursing children; infant feeding, mothers' milk and

substitutes; normal development of children; normal health of children; first-aid measures.

2. Education—Education for normal children; training for abnormal children; vocational guidance; employment bureau; play and recreation, and the use of leisure time.

3. Research and Study—Children's life and education; institutions and provisions for care and protection of children; education of abnormal children (school on the grounds); children's library; men's library for the study of children.

Addendum—*No fees for consultation.*

My time in Osaka was so limited that I had no opportunity to observe the activities of the bureau. The director kindly answered all of my questions, through an interpreter, and conducted me through the building, explaining the function of each department. The thoroughness with which the various activities had been organized and developed surprised me, especially when I thought of the opposition to preventive work which we sometimes meet in our own country.

The City of Kobe employs a Social Works Commissioner, whose office is in the City Hall, and who has charge of all city welfare work. There was interesting work being carried on along such lines, but my time did not allow of investigation or observation.

Following the announcement in June, by the American Child Health Association, that an appropriation of $10,000.00 would be set aside for furthering the education of nurses in child health work, 237 applications were received from 38 States, and Canada, before August 1st, the date set by the Committee on Awards, and many came later. Two awards were made to Canadian nurses—Miss Florence Emory, chairman of the Public Health Section of the C.N.A.T.N., and Miss Muriel Martin, of Toronto.

Miss Gertrude Hodgman, educational secretary of the National Organization for Public Health Nursing, has been asked by the American Child Health Association to make the arrangements for the chosen applicants to undertake their studies at the university of organization of their choice.

Miss Emory graduated from Grace Hospital, Toronto, in 1915, and since that time has been connected with the Toronto Department of Public Health—as a District Superintendent in 1917, and as Supervisor of School Nursing since 1919.

A special course has been secured for Miss Emory in Boston by arrangements with the Massachusetts Institute of Technology, which is affiliated with Harvard University, the Boston University, and the Community Health Association. The subjects included in the course are Health Education, Personal Hygiene, Vital Statistics, Elements of

Biology, Infection and Immunity, Educational Sociology, and Mental Health of Children.

Miss Muriel Martin left her work as kindergartener and social worker among the Italians of Toronto, in 1917, to enter the training school of the Toronto General Hospital. After a post-graduate course with the Department of Public Health Nursing at the University of Toronto, she accepted a position with the Department of Public Health in order to return to her chosen work among the Italian immigrants. In January, or February, arrangements will be completed for her to spend eight weeks studying the East Harlem Health Centre of New York, which is located in a crowded Italian section.

NEWS ITEMS

QUEBEC

Miss Anabelle Hamilton, graduate of the Public Health Nursing Course, Western University, class 1922-23, and since attached to the staff of the Victorian Order of Nurses, Montreal, is leaving shortly for Niagara Falls to open up a district there, and to work in close co-operation with the City Health Department.

Miss Ruth Saunders, graduate of the Public Health Nursing Course, Toronto University, class 1922-23, has succeeded Miss Truesdale as Victorian Order nurse in St. Lambert, P. Q.

Miss Evelyn Engelke, graduate of the Public Health Nursing Course, class 1922-23, McGill University, is now with the Child Welfare organization of Montreal.

Miss Mildred Findley, class 1922-23, Public Health Nursing Course, McGill School for Graduate Nurses, has been transferred from Montreal to the Victorian Order of Nurses, Cornwall, Ont.

Miss Alice Ahern, whose name is so well known in connection with the demonstration put on by the Metropolitan Insurance Company in Thetford Mines, has recently been appointed provincial supervisor of the Metropolitan Nursing Service of the Province of Quebec.

ONTARIO

The Rockefeller Foundation is this year giving scholarships to two students taking the course in Public Health Nursing at the University of Toronto. These are Miss M. V. J. Tisseau, of the Florence Nightingale School, Bordeaux, France, and Miss Marie Vlckova, of the State School of Nursing, Prague, Czecho-Slovakia. Both these students have had experience in public health nursing in their own countries, and expect to return after completing their course.

"To reach the public and to make them realize the seriousness of the social problem of venereal disease, rampant among all communities in which we live, it was felt that the quickest way to bring such problems home to the public mind was to collect certain facts from the patients themselves. With this end in view, Mrs. Kensit was instructed by the Toronto Social Hygiene Council to search the actual case sheets and records of venereal disease patients attending hospital clinics in the City of Toronto. The records of 100 women were examined and the records of 56 men. This special investigation (Publication No. 9) has been printed by the Canadian Social Hygiene Council, and may be obtained from them. Their offices are in the York Building, King and York streets, Toronto."

BRITISH COLUMBIA

Miss Goddard (U.B.C., 1922) has left for China, where she is to take a position with the Rockefeller Institute.

Miss I. M. Jeffares, who has been with the B. C. Division of the Red Cross as home nursing instructor, has resigned. The class work in Vancouver and vicinity will be conducted without a full-time instructor.

The committee of the Victoria V.O.N., through its president, Mrs. Ross Sutherland, recently presented Miss Irene Norcross, R.N., who is resigning from the Order, with a handsome club bag and a cheque, and voices the sincerest regret at the loss of Miss Norcross' services.

A SONG OF CHRISTMAS

Chant me a rhyme of Christmas,
Sing me a jovial song;
And, though it is filled with laughter,
Let it be pure and strong.

Sing of the hearts brimmed over
With the story of the day,
Of the echo of childish voices
That will not die away.

Of the blare of the tasseled bugle
And the timeless clatter and beat
Of the drum that throbs to muster
Squadrons of scampering feet.

But, oh, let your voice fall fainter
Till, blent with a minor tone,
You temper your song with the beauty
Of the pity Christ has shown.

And sing our verse for the voiceless
And yet, e'er the song be done,
A verse for the ears that hear not
And a verse for the sightless one.

For, though it be time for singing
A merry Christmas glee,
Let a low, sweet voice of pathos
Run through the melody.

JAMES WHITCOMB RILEY.

I have always thought of Christmas time, when it has come around, as a good time, a kind, forgiving, charitable, pleasant time, the only time I know of, in the long calendar of the year, when men and women seem by one consent to open their shut-up hearts freely. And, therefore, though it has never put a scrap of gold or silver in my pocket, I believe that it has done me good, and will do me good; and I say, God bless it.

CHARLES DICKENS.

Pupil Nurses' Department

Student Government in the Toronto General Hospital

Of late years, self-government has been much discussed and fairly widely adopted in the training schools of the Dominion. In fact, you might almost say, "Everybody's doing it!" We, as a school, however, are rather prone to take this privilege for granted, having enjoyed it for the past six years.

For our own part, memory takes us back to the time—three years ago now—when we sat in the class-room and first heard the term, "Student Government." Our one clear idea at that time seems to have been that we elected a class representative who acted for us on the Council.

Two weeks later, however, we attended the great quarterly mass meeting, where we saw the wheels of student government "go round," and where we began to understand that it was not the pastime of a few, but the vital interest and concern of the whole school. We found it is, literally, "government of the nurses, by the nurses, for the nurses." A students' mass meeting is not a place of hushed voices and low speaking, but often the scene of many a heated argument, in which all take a part. But, as is usual in such cases, these same discussions clear the air and leave behind a more contented spirit.

Later, as we left probation days behind and became more and more a part of the school, we began to appreciate more fully the privileges we were enjoying. It was with a peculiar thrill of pride that we realized that our school had been a pioneer in the trying out of student government. Other schools watched and waited. The measure of our success has been the adoption of the same plan in many another hospital.

The fact that we, as a student body, are entrusted with the conduct and management of residence life is a great factor in creating a spirit of school pride and school honor. It also develops in the individual a sense of responsibility. The old slogan which we learned in high school days, "Rules were made to be broken," might still hold under a system of office management, but in the very nature of things we cannot break the rules we ourselves made. Honor and a sense of humor prevent.

Socially, student government is an asset to any training school. Our dances and school parties, arranged through the school social committee, make very bright spots on which to look back. The old-fashioned Hallowe'en party is a frolic which belies the prevailing idea that a nurse's life is "all work and no play"; while at the Christmas party, jolly old Santa dispenses his cheer to all—from the newest "probie" to the most senior Senior.

Student government has been an unqualified success in our school. That this is the case may be attributed to the fact that it is based on the truth, honor and loyalty of every student nurse. Added to this has been the untiring interest, co-operation and support of the training school officer. For

"It ain't the individual,
Nor the army as a whole,
But the everlasting team work
Of every bloomin' soul."

E. MARION STILLWELL.

Furnishing a Class Room

The furnishing of a class-room for nurses in the Soldiers' Memorial Hospital, Campbellton, N. B., has been undertaken by the first graduating class of that institution.

The need of such a room has been keenly felt, but, owing to the many calls on a new and growing institution, it has been necessary to hold this over, and the classes have been held in the operating department.

Following a suggestion of their superintendent, the graduating class decided to furnish a class-room themselves, and, with generous help, have succeeded.

The first difficulty was a room. This was overcome by one of the surgeons on the staff giving a ward that he had furnished, and which seemed very suitable as to size, ventilation and lighting; having also, in connection, water, electric stove, etc., for demonstration work. The class-room chairs came next; these are comfortably equipped with tables, which may be lowered when not in use. A large table and chair, for the instructor, were given by the superintendent. In addition to this, we have the large anatomical charts for teaching; a small reference library; and our invaluable Mary Chase doll, a gift from Dr. J. J. MacPherson.

Through course of time, we hope to have as thoroughly-equipped and modern a class-room as could be found in any training school.

HELENA M. PALMER,
Nurse-in-Training,
Soldiers' Memorial Hospital, Campbellton, N. B.

"Then pealed the bells more loud and deep:
'God is not dead; nor doth He sleep!
The Wrong shall fail,
The Right prevail,
With peace on earth, good-will to men!'"

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.

Vice-Chairman—Miss Agnes Kelly, 457—12th St., N.W., Calgary.

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto. Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

Crippled and Deformed Children

By D. E. Robertson, M.D., F.A.C.S.,
Assistant Surgeon, Hospital for Sick Children.

Crippled children have recently attracted the attention of some powerful fraternal and social organizations. Investigation has brought to light a very large number of children who were crippled and who were receiving no treatment. Definite campaigns have therefore been undertaken to have all cases of cripples reviewed, in order that suitable treatment may be instituted, in the hope that the child may grow up with a much diminished handicap, and be therefore better able to perform the daily duties of an individual. In this way the happiness of the patient will be much increased, and he will be better prepared to take his place as a useful member of society.

It must be clearly understood that there are limitations to the improvement that can be procured in crippled children. It would be well to point out the commonest conditions, and write a few notes relating to them, in order that you may more fully understand and co-operate with those who have the corrective care of these children. We find that cases are sent us at times when things have progressed too far, or are sent us before it is time to institute treatment.

Crippled and deformed children result from four causes, viz.: Developmental or congenital; injuries, birth; nutritional; infections.

The developmental ones are very striking, and are present at birth, and are most generally very obvious.

Of the deformities, the first to consider would be *hare lip* and *cleft palate*. Surgery is able to cure both these conditions. The lip should be operated upon as early as six weeks, if the child be healthy, and the palate at ten to twelve months. Neither of these conditions will prevent a child from thriving, and one does not operate upon these cases unless they are thriving.

Club feet of the congenital type are best treated when the baby is very young. Treatment should begin during the first month or six weeks, when the feet are soft and easily manipulated. At this stage they can be readily bent around into proper position, and thus maintained by the use of plaster casts. If, however, the patient is not brought for treatment until infancy is past, it may be necessary to have recourse to operation. Even these late cases give excellent results.

Congenital dislocation of the hip is a condition that, if left untreated, produces an extremely awkward gait, and limits the activities of the patient. These children can be easily treated by reducing the hips and holding them in plaster for a long period. The best age at which to begin treatment is about two years.

Wry neck, or torticollis, is produced frequently at time of birth. The sterno mastoid muscle is ruptured and a small lump is to be felt attached to the muscle and about the size of a hickory nut. This lump is seldom missed by the mother or nurse in the first two or three weeks. This child should have daily stretchings of the involved muscle to keep it from shortening. If the baby is allowed to advance into childhood or puberty with this disfiguring deformity, it may still be readily cured by an operation and a retention plaster.

Spina bifida is a condition for which we can do almost nothing. There is found frequently a tumor on the back. The skin covering it is sometimes normal, sometimes very thin—so thin it ruptures. If it ruptures, then it will have to be operated upon. The serious thing about spina bifida cases is that the spinal cord is frequently damaged, and the legs therefore weak. No operation upon the back can improve the legs.

The cases of hydrocephalus are apparently hopeless. Major surgical operations have been undertaken in selected cases, but their value is very doubtful.

Birth injuries are not necessarily due to forceps. During the passage of the head through the cervical canal there is great diminution in the size of the head. This may cause damage to the brain directly, or cause haemorrhage that indirectly injures the brain. The paralysis resulting from this type of injury is quite common and is spastic in character, hemiplegia and diplegia resulting. All one can do for this type of case

is to make sure no deformity results. We find these cases generally receive no orthopaedic treatment until they are three or four years old. They are then found to have flexion thighs and knees, and the foot is held with the toes dropped. Surgery has something to offer this type of case.

There is a type of injury, that is the result of stretching the shoulder at birth, that is known as Earl's Paralysis. It is readily diagnosed the first few days, as the child is found unable to move one arm. If this is put under suitable treatment at once, a good result may be expected. If, however, it be neglected, the arm is an almost useless appendage. The treatment is very simple. It consists in relaxing the paralyzed muscle by the use of a simple splint that holds the arm abducted from the body with the forearm flexed and supinated. Power usually returns in a week or a month, when it will be found unnecessary to wear the splint longer. The principle underlying this treatment is that a muscle whose nerve supply has been lost must be kept from being stretched if it is to be able to contract when its nerve supply returns. This principle is the key-note of the treatment of all paralysis, particularly infantile paralysis.

The nutritional diseases are not great producers of cripples. Rickets is not frequently seen in this country when it produces severe deformaties. It does produce a great number of bow legs, and these in children are readily straightened by the use of a suitable splint.

The infections produce our greatest number of cripples. Infantile paralysis is a disease that is frequently insidious in its onset. It causes a loss of power, and the paralysis it causes is always greatest at the time of the acute attack. During the acute attack there should be no special treatment of the limbs. After the pain is gone from the limbs massage may be employed. The limbs should be kept in splints so that there can no deformities result. Deformities result because those muscles that are not paralyzed contract, and their opponents, being paralyzed, are stretched. Now a stretched muscle cannot function even if its nerve supply returns. It is therefore imperative that it be kept relaxed. This is done by the use of splints. We have found electrical treatment quite useless in the treatment of this condition, and the same is equally true of light treatment of any color or hue. In infantyle paralysis we must wait until some recovery occurs. As soon as we get an inkling of recovery, muscle training is instituted and carried out. Recovery under proper treatment may occur over long periods of time. These patients require to be in bed in most cases for many months after their attack. The disease is so dreadful that the parents are frequently inclined to listen to inexpert advice, and to submit the child to useless and expensive treatments. What is worse, splints are not worn; with the result, deformities occur and paralysis remains permanent. The late treatment of infantile paralysis consists in stabilizing limbs that have been rendered unstable by paralysis. Operations upon the bones of the foot are very useful in fixing the foot in a useful position. Tendon fixations and tenotomies,

muscle and tendon transference, all have their place in this very large field of surgery.

Tuberculosis, most commonly seen as Pott's Disease, is tuberculosis of the spine. Children with tuberculosis of the spine show early stiff backs, and, as time goes on, a small lump appears on the back. This child should be taken off his feet and kept on his back. He should have all the treatments common to a tuberculous patient, not forgetting that most important feature—sunlight. The sunlight should be administered directly, if possible, and it is possible in this climate during the spring, summer and autumn months. During the winter months it is in this climate difficult to obtain. Ultra violet rays made from mercury lamps in quartz tubes do not begin to be as efficient as sunlight. Tuberculous spines require generally three years as a minimum of treatment. Tuberculous hips are treated in the same fashion as tuberculous spines, in that they are splinted for long periods of time. Here we use splints to prevent the leg being deformed—to hold the leg in its proper position until such time as the infection quietens down and the joint is solid.

Of recent years a new disease has been described in connection with hips. Legge describes a condition where there is a chronic infection of the hip that simulates tuberculosis very closely. Here the symptoms are much less severe—there is always good movement at the joint, and the end result is always a good, freely-movable joint.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The Address of Welcome delivered by Professor Dale at the Canadian Association of Nursing Education Convention, June, 1923

Madam President and Ladies:

My duty in being here this afternoon is a very agreeable one and easily performed—to welcome you to these series of meetings. I only wish we could have provided you with more fortunate weather in which to confer. Now someone once said that brevity was the soul of wit. It is not to be forgotten that if brevity is the soul of wit, wit is the soul of brevity; so I intend to address you in a very few words, both brief and to the point.

Like all social workers, no matter in what field, I am tremendously interested in the problem of nursing. We stand at a very important and interesting point. You belong to an old profession and yet a new profession, one that came into being in response to the cry of the human body and human mind in the struggle against pain and suffering. But the newness of the problem for you as nurses lies in the immense increase of human knowledge, of which we are giving so much now to those who are in trouble of any kind, if we only know how to do it; and the problem of organizing our charity, our philanthropy, whatever form it takes, is now a very serious and acute problem. So we turn to the stage to which we are called to-day, the stage of training our instruments of mercy. This again is an old, old problem, and is one in which you have all been engaged in one way and another, and some of you have been doing that for a very long time indeed. Yet we are conscious that this is a business that is never done.

I am head of a training school here which is facing the problem of changing conditions in many different forms. The modes of meeting them change from time to time, and it is our bounden duty in response to the cry of distress to see, when we do respond to that cry, we give the very best that is known to humanity. That is where the question of training becomes so very important, because nursing is becoming a series of techniques applicable to certain special forms of human trouble and each of these has to perform its duty in the light of the knowledge that has been gathered in, in the light of that particular call of distress. It is highly important to remember that we are called upon to grapple with a problem which is behind all problems, namely, how to make the best possible sort of adjustments for humanity in its surroundings.

We have a very interesting experiment here. I suppose you have it elsewhere; I don't know. The nurses-in-training in the hospitals of this city come to the Department of Social Service at the University of Toronto, just for one lecture a week, to get some idea how the service they are going to give to humanity will fit in with that effort for humanity known as Social Work, which is the attempt to make the adjustment between the individual and his surroundings as tolerable as it can well be made. In other words, social work has now become a careful, faithful study of the individual's relation to his environment. The modes of cure will be manifold and various, and it is for every social worker to bear in mind the problem that they are solving is intimately connected with the other problem.

You have an acute condition which calls for the application of certain well-tried or well-vouched-for methods of treatment; but at the same time I cannot help feeling, when I watch a nurse or a doctor at work—the same kind of feeling that I have when I watch the scientist at his work, namely, that it is one representative of that effort of humanity to apply the results of experience gathered from the successes and failures and the hopes and fears and experiments, but gathered from all that can possibly

be applied in the solution of any one particular problem. Sometimes, in my connection with medical students, I have watched them with a feeling akin to awe. I seem to see behind them the effort of the ages to try to improve conditions along the particular line in which they are engaged.

One word in connection with the work of training itself: There was a comparison once made between the training of a citizen in Athens and a citizen in Sparta. Pericles, the great representative of Athenian spirit, as he was the great representative of the Athenian people, contrasted the training of soldiers in Athens with that of Sparta. He said something to this effect: "In Sparta they spend all their energies in the training of their citizens along military lines, and they produce very great soldiers. Athens, on the other hand, set out to train men along the lines of good citizenship, and in time of need they turned out to be as good soldiers." That seems to go to the heart of the matter.

Your problem is not only the production of experts; your problem is the same as mine, the same as every teacher, the production of men and women of a fine type of character. The point is different in different cases to this or that particular kind of service; but what the world needs, more than anything else, is stability of character, nobility of character, combined with flexibility of adjustment. So what we want in your profession, as I want in mine, as we want in all professions, is a deep, strong, broad, rich, and generous character; and then we want those characters acutely trained, so that they can apply the specific school to the specific conditions to which they are applicable.

I hope the conference that you have before you will result in the deepening of that conviction, and will help you in the solution of the many problems of those who have teaching at heart.

I have very great pleasure indeed, on behalf of the university and the social workers of the city, to tender you a very hearty welcome to the City of Toronto, and hope that your conference will be of the utmost possible benefit.

If you were busy being kind,
Before you knew it you would find
You'd soon forget to think 'twas true
That someone was unkind to you.
If you were busy being glad,
And cheering people who were sad,
Although your heart might ache a bit,
You'd soon forget to notice it.

REBECCA D. FORESMAN.

Hospitals and Nurses

NOVA SCOTIA

County branches of the Provincial G.N.A. have been formed in Halifax, Cape Breton, and Yarmouth expects soon to have its own.

* * * *

QUEBEC

Jeffery Hales' Hospital, Quebec

Miss MacCammon, who resigned recently from the staff of this hospital, has accepted the position of superintendent of nurses at the University Hospital, Edmonton, Alberta.

At the opening meeting this autumn the Alumnae Association were shown the slides on the "History of Nursing," which were presented to the school by the student nurses.

Phillips Training School, Momeopathic Hospital, MONTREAL ....

The graduating exercises of the 1923 class were held October 26th in the hospital reception rooms, the guests being received by Mrs. Helen Pollock, superintendent, and her assistants. Colonel W. I. Gear presided; and Mrs. R. L. Gaunt and Mrs. C. T. Williams presented the diplomas and medals, respectively, to Misses W. J. C. Wilson, A. Pilon, D. Smith, V. LaRose, H. LaRue, V. Meilleur, and M. F. Currie. Honor pins, donated by Mr. J. J. Aird, were won by Misses Currie and Pilon. Dainty class pins were presented by Mr. I. G. Ogden. After the formal addresses by Dr. Novinger and Rev. John Linton, dancing and a reception closed the exercises for the nurses.

Montreal.

A very well attended and representative meeting of the Association of Registered Nurses of the Province of Quebec was held, through the courtesy of Sister Duckett, Sister Fafard, and the Sisters at the Notre Dame Hospital, on the evening of October 24th. In addition to routine business transacted, interesting reports were given in both French and English by the delegates who had attended the sessions of the Canadian Association of Nursing Education in Toronto, early in June, and the American League of Nursing Education, also in June, in Swampscott and Boston.

Miss Shaw, the president of the A.R.N., P.Q., gave us her impressions of the National Conference of Education and Citizenship, which took place in Toronto in May, and expressed her appreciation of being granted the privilege of attending the meetings and of hearing several inspiring addresses.

Royal Victoria Hospital, Montreal

R.V.H. nurses, near and far, will hear with regret of the death of Dr. Garrow, which occurred in the morning of November 7th at his home in Montreal. Sympathetic, ever willing to give of his wise counsel, and to help in time of need, he stood as an honored friend among the nurses, and they can indeed feel thankful for such a life, and count it a privilege to have been associated with him.

Western Hospital, Montreal

The graduation exercises of the 1923 class of the Western General Hospital took place on October 25th, when the following nurses received their diplomas and medals: Beatrice N. Jacques, first prize for general proficiency; Miss Lettia Tyrrell, second prize for general proficiency; Misses Beatrice M. Gear, Christina G. Taylor, Phoebe Crawford, Phyllis B. Farrer, Kathleen Barnes, Mary Ella Sharpe. The exercises were held in the reception-room of the Nurses' Residence. Dr. Frank England gave a very helpful and inspiring address to the graduating class, which closed the formal exercises. A reception and dance was held by the graduates and their friends in the evening. Mrs. J. Pollock and Mrs. W. Barwick were hostesses at the tea hour on October 24th, given in honor of the graduating class of 1923.

Miss Florence Martin is acting night supervisor at the Western General Hospital.

ONTARIO

London

The autumn meetings of the Victoria Hospital A.A. were opened with a delightful address by Colonel Gartshore, who spoke about his recent trip to the Orient, touching particularly on hospital life and nursing service in the several counties as he saw them.

The Alumnae Association will take an active part in the "Streets of Wonderland," a benefit performance for the War Memorial Hospital.

Five members were elected to serve on the directorate of the recently established Central Registry, which has long been a dream of the nurses in London, and which is now an accomplished thing. Nurses, graduate and practical, with those also with special training, will all be supplied from this Registry. Representatives of St. Joseph's Hospital, and from the graduates from other hospitals living in London, were also elected to the directorate.

A large mass meeting on public health was held recently, under the auspices of the medical men in the district, the University of Western Ontario, and the Western Ontario Academy of Medicine. Addresses by Dr. T. C. Routley, Dr. O. P. Kimball, of Cleveland, and Dr. J. C. Bloodgood, of Baltimore, were given.

Miss E. Raymond was recently elected president of the Public Health Nurses' Association, succeeding Miss McDermid. The other officers were: Miss Constance Fraser, vice-president; Miss L. Cockburn, secretary-treasurer, and Miss Jeeves, convener of the Programme Committee.

The work of the Lord Kitchener Nursing Division, No. 28, of St. John Ambulance Brigade, of London, did excellent work at the emergency tent at the Western Ontario Exhibition of 1923. During the ten days 164 cases of emergencies were attended to by them, giving only "first aid" till the doctor came. The work of this organization is voluntary, the members being at all times ready to co-operate with nurses and doctors in any emergency that may arise. Only those who have taken the St. John Ambulance courses in first aid and home nursing are eligible for membership in a Nursing Division.

At a special meeting of the Alumnae Association of St. Joseph's Hospital, the following were elected as representatives on the directorate of the new Central Rgistry: Mrs. W. C. Dodds, Mrs. Kelly, and Miss Kathleen Burke.

Members who attended the extension course given at the University of Toronto this summer express their appreciation. Those attending were Misses Emma Harkness, Erma Moss, Madeline Jones, Margaret Heney, Cecilia Campbell, Helen Pitt, Emma O'Neil, and Nellie Barr.

The association plan many social events for the coming year, and are taking a booth at the fair, "The Streets of Wonderland," to be held in December, in aid of the Children's Memorial Hospital.

Hamilton

Miss Roadhouse has accepted a position in Anaheim, Cal.

Miss Fish has accepted a position at Hamilton General Hospital.

Miss Vance has accepted a position at Mount Hamilton Hospital, as night supervisor.

Mrs. Reynolds and Miss Margaret Hickey have left for California, where they intend to live.

The Alumnae Association of H.G.H. gave a bridge party on October 25th, the proceeds to go to the relief fund of the Daughters of the Empire, to be used for returned soldiers. Over $300.00 was cleared.

Western Hospital, Toronto

A successful bazaar, under the auspices of the Ladies' Board of the Toronto Western Hospital, was given in the King Edward Hotel on November 15th. The proceeds go towards the building fund of the new Home for Nurses.

Sarnia.

The graduating exercises of the Sarnia General Hospital were held on October 19th, in the auditorium of the Technical School, when diplomas were presented to Misses G. McBean, M. Richardson, M. Belyea, R. Wade, E. Bohier, M. Firby, and E. West. Addresses were given by Mr. Nesbit, chairman of the board; Rev. Mr. Barnby, Dr. Logie, and Mr. Cook. The annual

report of the hospital was read, and the Florence Nightingale pledge taken by the graduates. After a short but excellent musical programme, a reception and dance for the friends of the graduates closed the evening's entertainment.

The Alumnae Association gave a banquet in the Patricia Cafe on the 19th to the graduating class, when thirty nurses were present.

Miss P. Morrison, supervisor of Sarnia General Hospital, left recently to take the position of superintendent of a hospital in Fort William.

Hospital for Sick Children, Toronto

A delightful tea was given the graduating class by the Alumnae Association on October 25th. The guests were received by Miss Panton, superintendent of the training school, and Miss Jessie Farquarson, president of the A.A. Many guests were present.

Miss Sue Smythe (1916) is on duty at the Convalescent Hospital, Marblehead, Mass.

Miss Ferguson (1919) is recovering from her recent serious illness.

* * * *

MANITOBA

Miss Dorothy Cuddy (Children's Hospital, 1918) is leaving the hospital to do public health work in Vancouver, B. C.

Misses K. Rowan and Winnifred Grice (St. Boniface Hospital, 1920) have accepted positions at Sioux Lookout.

Miss Larrette Gunn (W.G.H., 1920) and Miss Harper, of the Bureau of Child Hygiene, have left for Los Angeles, Cal.

Winnipeg General Hospital

Miss Minnie Musgrave (1918) has accepted a position on the staff of the pathological department of the Winnipeg Children's Hospital.

Miss E. M. Turner (1908) has been appointed superintendent of Hollywood Hospital, Los Angeles, Cal., which is to be opened in January, 1924.

Miss A. Mulligan (1922) left Trail, B. C., and is now on the staff of the Maternity Hospital, Portland, Ore. Miss Roberta Caldwell (1922) has taken her position in Trail.

Misses K. Van Allen (1922) and Mary Fraser (1919) have accepted positions in the V.G.H.

Miss Elsie Gemmil (1919) is now on the staff of the Galloway-Gibson Clinic in Winnipeg.

* * * *

SASKATCHEWAN

Miss Ella M. Matthews (M.C.G., '15), for some time in charge of the maternity department of the Regina General Rospital, left the latter part of August to take charge of the same department of the Wellesley Hospital, Toronto.

Miss Carrie J. Prout (R.G.H., '21), lately in charge of the operating rooms of the Regina General Hospital, has resigned, and is at present visiting friends in Manitoba.

Miss Sophia Sveinson (R.G.H., '23) has been appointed to the position of supervisor of the maternity department, and Miss Beatrice E. Brockman (R. G. H., '23) is at present in charge of the operating rooms of the Regina General Hospital.

Miss Elda M. Lyne (Stratford General Hospital, 1913) has recently been appointed in charge of the work of the C.N.I.B. in Saskatchewan. Miss Lyne's office is in the Red Cross headquarters, 2331 Victoria Avenue, Regina.

Miss C. E. Guillod (V.G.H., '13) and Miss Cockson (M.C.G., '23), of Maple Creek, were recent visitors in Regina. They also spent a day at the Saskatchewan Sanitarium, Fort Qu'Appelle.

At the recent meeting of the Nurses' Council of the S.R.N.A., held in Regina, the following councillors and conveners of committees were in attendance: Sister Mayer and Miss S. A. Campbell, of Saskatoon; Miss H. H. MacDonald, of Kindersley; Mrs. Feeny, of North Battleford; Miss M. Montgomery, of Fort Qu'Appelle; and Mrs. A. Hutcheon, of Prince Albert. Miss Simpson, of Regina, presided over the meeting.

BRITISH COLUMBIA

Victoria

The rummage sale undertaken by the Victoria G.N.A. recently took in $84.41, which goes to the fund for the refurnishing of the Memorial Ward in the Jubilee Hospital.

Vancouver

About $150.00 was cleared by the Vancouver G.N.A. at their sale of work and home cooking held on November 3rd in aid of kindergarten equipment for the children at the Creche.

Eighty-seven nurses wrote their examinations for registered nurses' certificates, November 7th, 8th and 9th, 1923.

The regular monthly meeting of the V.G.N.A. took place October 7th, when a very gratifying report was read by Miss Ewart, convener of the Sale of Work Committee, who announced that the result of the sale on November 3rd amounted to over $150.00. It was arranged to sell the remaining work and home cooking shortly before Christmas. Twenty-five dollars was voted for the Y.W.C.A. drive.

Miss Randal gave a thoughtful and interesting paper on "A Nurse and Her Money Investments." Unfortunately, Mrs. Johnston, who was to discuss this paper, was prevented from doing so by illness. Tea was served after the meeting.

New Westminster

Miss Helen White has taken a position at the General Hospital, Ocean Falls, B. C.

Miss I. Abraham has completed a post-graduate course in eye, ear, nose and throat work at Portland, Ore., and has accepted a position at Wenatchee, Wash.

Miss Ross (1922) is taking a two-year special course in T.B. work at Firland, Richmond Highlands, Seattle.

A rummage sale was held by the G.N.A. on November 16th, and they realized the amount of $95.00.

Miss W. Kennedy has left for Portland to take up nursing duties there.

BIRTHS

Airth—At the Royal Columbian Hospital, New Westminster, B. C., November 15th, to Mr. and Mrs. Airth (Ruth Elvin, R.C.H.), a daughter.

Coombe—At Winnipeg, Man., September 13th, 1923, to Mr. and Mrs. C. V. Coombe (Cochrane, W.G.H., 1913), a daughter.

Cummings—At Sioux Lookout, Ont., September 2nd, 1923, to Mr. and Mrs. Wm. Cummings (Webb, W.G.H., 1913), a son.

Faulkner—At Morewood, Ont., October 9th, 1923, to Mr. and Mrs. Emmerson Faulkner (Gladys R. Barker, Cornwall General Hospital, 1920), a daughter.

Hewitt—At Morden, Man., August, 1923, to Mr. and Mrs. Scott Hewitt (Barber, W.G.H., '19), a daughter.

Jones—At Edmonton, November 17th, 1923, to Dr. and Mrs. L. F. Jones (Lois Small, Galgary General Hospital), a daughter.

Mack—On June 28th, 1923, at Detroit, Mich., to Mr. and Mrs. Thomas Mack (Florence Hiscock, Kingston General Hospital, 1914), a daughter, Florence Elizabeth.

Manson—In Stratford, Ont., September 9th, 1923, to Mr. and Mrs. A. B. Manson (E. J. McArthur, Toronto Western Hospital, 1908), a daughter.

McIntosh—At the Royal Columbian Hospital, New Westminster, September 25th, 1923, to Mr. and Mrs. McIntosh (Pat. Friar, R.C.H.), a son.

McLeod—On October 29th, 1923, to Mr. and Mrs. Ward McLeod (Gladys Rippon, Hospital for Sick Children, Toronto, 1915), a daughter, Joan Isabel.

Patterson—At Winnipeg, Man., June 19th, 1923, to Mr. and Mrs. D. A. Patterson (McKinistry, W.G.H., 1920), a daughter.

Peach—At Winnipeg, Man., August 4th, 1923, to Mr. and Mrs. G. E. Peach (Hewitt, W.G.H., 1920), a daughter.

Smeaton—At the Montreal Maternity Hospital, October 11th, 1923, to Mr. and Mrs. J. Smeaton (B. Buchan, Western General Hospital, Montreal, 1910), a son.

Stewart—To Mr. and Mrs. James Stewart (Rooney, W.G.H., 1911), at Winnipeg, Man., September 4th, a daughter.

Waldie—At Winnipeg, Man., August 23rd, 1923, to Mr. and Mrs. Rex Waldie (Parker, W.G.H., 1920), a son.

MARRIAGES

Andrews-Runcie—At Christ Church, Vancouver, B. C., October 25th, 1923, Jane McKellar Runcie (Vancouver General Hospital, 1921) to Mr. Henry Ivan Andrews. Mr. and Mrs. Andrews will reside at Powell River, B.C.

Brazier-Ghent—At Burlington, Ont., October 17th, 1923, Frances Evelyn Ghent (Hamilton General Hospital) to Wallace Brazier, of Hamilton.

Brown-Robinson—At St. Barnabas' Church, Toronto, November 10th, 1923, Mona Robinson (Wellesley Hospital, Toronto, 1922) to Raymond E. Brown. They will reside in Chicago, Ill.

Cameron-McKenzie—At Winnipeg, Man., September 1st, 1923, Muriel McKenzie (Winnipeg General Hospital, 1919) to Mr. D. L. Cameron.

Carson-Taylor—At Boissevain, Man., July 18th, 1923, Eva Taylor (Winnipeg General Hospital, 1920) to Dr. Harry Carson.

Enwright-Clear—On October 23rd, 1923, Mildred Clear (Royal Victoria Hospital, Montreal, 1923) to James Enwright, M.D., of Detroit, Mich.

Gavel-Gardyne—At Montgomery Center, Vt., on October 4th, 1923, Marion Helen Gardyne (Jeffery Hales' Hospital, 1921) to Mr. Harold V. Gavel.

Hadley-Buchanan—On September 22nd, 1923, at San Pedro, Cal., Louise Buchanan (Royal Columbian Hospital, New Westminster, B. C.) to Harold A. Hadley, of Southsea, Hants, England.

Harris-McClary—On October 10th, 1923, at Salford, Ont., by the Rev. J. M. Copeland, Margaret Ethel McClary (Hamilton General Hospital) to Edward Dalton Harris, Hamilton.

Harris-Nixon—At Kello, Sask., August 3rd, 1923, Miss L. Nixon (Winnipeg General Hospital, 1923) to Mr. Jack Harris.

Henderson-Chadborn—At Hazelton, B. C., October 3rd, by the Rev. V. H. Sansum, Evelyn M. Chadborn (Royal Devon and Exeter Hospital, England) to Mr. R. A. Henderson, of County Derry, Ireland.

Hunter-Scholes—At Winnipeg, Man., October 10th, 1923, by the Rev. Dr. Christie, Mary Evelyn, youngest daughter of James Scholes, Kingston, Ont. (Kingston General Hospital, 1918), to Charles Brownlow Hunter, Jasper, Alta.

Hutcheon-Eisele—At Christ Church, Calgary, September 8th, 1923, Emily Eisele (C.G.H., 1910) to Mr. Alexander Hutcheon, of Prince Albert, Sask.

Jess-Wright—In Regina, Sask., October 20th, 1923, Violet Wright (Winnipeg General Hospital, 1919) to Mr. John Jess, of Victoria, B. C.

Kirby-McDougal—At Regina, Sask., October 22nd, 1923, Gertrude McDougal (Winnipeg General Hospital, 1922) to Mr. Earl Kirby, of Regina.

Luciani-Galbraith—At Quebec, June 6th, 1923, Myrtle Galbraith (Jeffery Hales' Hospital, Quebec, 1921) to Mr. Albert Luciani.

Morrison-Leavitt—At Montreal, October 18th, 1923, Margaret P. Leavitt (Western General Hospital, 1915) to Mr. Stanley Morrison, of Montreal.

Olson-Thompson—At Selkirk, Man., July 21st, 1923, Gudron Thompson (Winnipeg General Hospital, 1919) to Dr. J. Olson.

Rathbone-Hanna—At Toronto, Ont., November 7th, 1923, Elsie Hanna (Wellesley Hospital, Toronto, 1923) to Walter Rathbone. They will reside at 349 St. Clair Avenue, East, Moore Park.

Smith-Ramage—At Regina, Sask., June 20th, 1923, Margaret Jean Ramage (Winnipeg General Hospital, 1919) to Mr. H. G. Smith.

Smith-Tessier—On October 31st, 1923, at St. John's, Newfoundland, Annie Ruby Tessier (Western General Hospital, Montreal, 1916) to Lewis Smith, M.P.P., Alberta Co., New Brunswick.

Starrett-Savage—At Guelph, Ont., November 7th, 1923, Grace Savage (Wellesley Hospital, Toronto, 1923) to Raymont Starrett. They will reside at Sheldon, Iowa.

Stillwell-Nash—At Pittsburg, Pa., October 20th, 1923, Gladys Nash (Wellesley Hospital, Toronto, 1919) to Erwin C. Stillwell. Mr. and Mrs. Stillwell will reside at 225 Grant Avenue, Morgantown, West Virginia.

Thompson-McKenzie—At Brandon, Man., August 7th, 1923, Wilmot McKenzie (Winnipeg General Hospital, 1920) to Mr. Douglas Thompson.

Welsh-Van Steenburgh—Recently, Sarah Van Steenburgh (Jeffery Hales' Hospital, Quebec, 1920) to Mr. Russell Welsh. Mr. and Mrs. Welsh are residing in Montclair, N. J.

DEATHS

Fleming—At Lashburn, Sask., October 19th, 1923, Harriet Fleming (Winnipeg General Hospital, 1922), of cerebral hemorrhage. Miss Fleming had only a short time before taken charge of the Cottage Hospital, Lashburn. The burial took place in Kelleher, Sask.

Harrington—At St. Joseph's Hospital, London, Ont., September 24th, 1923, Margaret Harrington (St. Joseph's Hospital, 1920). The Alumnae Association, at a recent meeting, sent sympathy to relatives and friends, wishing them to know how her fellow-nurses appreciated the high standard of her work; the noble, self-sacrificing life she led, and her unfailing, buoyant faith. She will not be forgotten by the Alumnae of St. Joseph's Hospital, London.

Newton—In Regina, Sask., October 9th, 1923, the infant son of Mr. and Mrs. Lancelot Newton (Jessie M. Gent, Winnipeg General Hospital, 1909), aged one hour.

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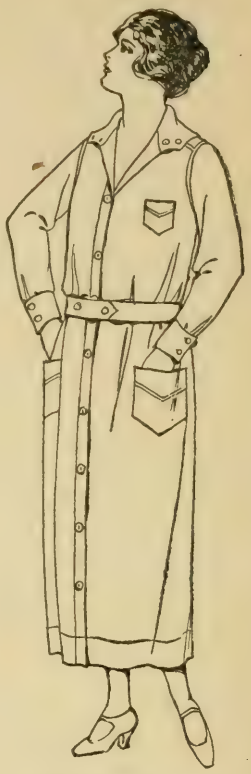

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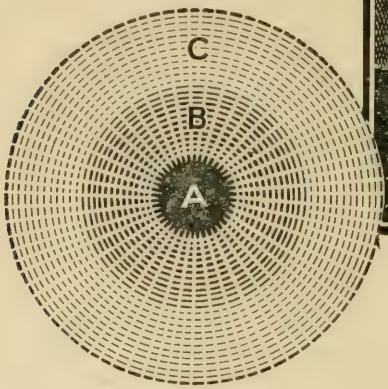

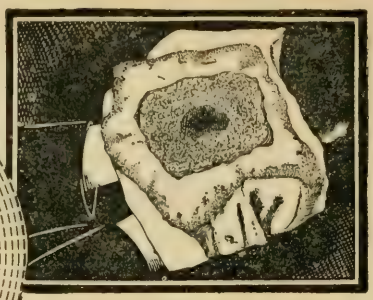

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This chart shows the Osmotic action of Antiphlogistine

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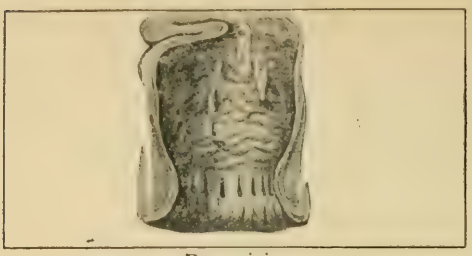
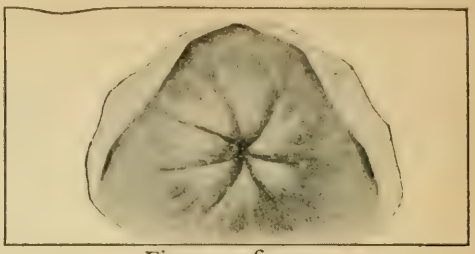
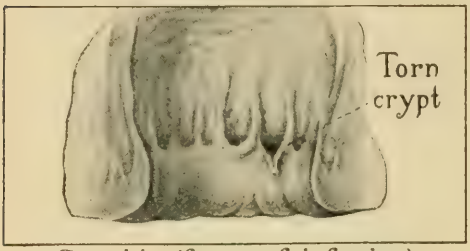


Proctitis



Fissure of anus



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PROCTITIS: According to a noted specialist, inflammation of the mucous membrane of the rectum is much more common than is generally thought. The indications for treatment are to produce a soft evacuation and to lubricate and soothe the bowel wall. Nujol accomplishes this and also reduces the time during which the fecal mass is held in contact with the inflamed membrane, thus quickening its healing.

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KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. H. M. Lockner; Vice-President, Miss Marre Wunder; Secretary, Miss George DeBus; Treasurer, Miss Maude Carter, 5 Holm Apartments, Kitchener, Ont.

Represantive to "Canadian Nurse"—Miss Ada L. Weseloh.

Regular Meetings—Second Thursday of each Month.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON

President, Miss E. Moran, Holden Apartments, Barton Street, East; Vice-President, Miss Kelly, 250 Hughson Street, North; Recording Secretary, Miss Carrol, 774 King Street, East; Treasurer, Miss Campbell, 33 Bay Street, South.

Representative to "Canadian Nurse"—Miss Fagan, 49 Spadina Avenue.

Representatives to Local Council of Women—Miss Nally, 213 Cannon Street, East; Miss Egan, Alexander Apartments, King Street, East.

Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

Executive Committee—Miss Boyes, 17 East Avenue, South; Miss Grant, Alexander Apartments, King Street, East; Miss Blatz, 179 Charlton Avenue, East; Miss Cartmell, 179 Charlton Avenue, East; Miss Himmen, 168 Walnut Street, South.

Corresponding Secretary—Miss Bedford, 2 Holden Apartments, Barton Street, East.

Private Duty Nurse Representative—Miss Murray, 21 Gladstone Avenue.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss H. R. Macdonald, 38 Herkimer Street, Hamilton; Vice-President, Miss Grace Fairley, Hamilton General Hospital; Secretary, Miss Service, 25 Arthur Avenue, Hamilton; Treasurer, Miss Betty Aitken, 549 Main Street, East, Hamilton.

Executive Committee—Miss Hulme, 164 Bay Street, South; Miss Carroll, 774 King Street, East; Miss McPherson, Hamilton General Hospital.

Representatives to the Local Council of Women—Misses Laidlaw and McPherson.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

Honorary President, Miss J. K. McArthur; President, Miss Olga Stewart; First Vice-President, Miss E. Webster; Second Vice-President, Miss A. Sitzer; Secretary-Treasurer, Miss Edna Johnson, P. and M. Hospital, Owen Sound; Assistant Secretary-Treasurer, Miss E. Woodford.

Flower and Sick-Visiting Committee—Miss A. Wallace, convenor.

Programme Committee—Miss McArthur, convenor; Miss Herron, Mrs. Dudgeon.

Convenor Press Committee—Mrs. D. Findlay.

THE ALUMNAE ASSOCIATION OF THE HAMILTON GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Grace Fairley, Hamilton General Hospital; President, Miss M. Brennan, Hamilton General Hospital; Vice-President, Mrs. Reynolds, 79 Melrose Avenue; Secretary, Miss Isabelle McIntosh, 353 Bay Street, South; Corresponding Secretary, Miss Minnie Pegg, 7 Proctor Boulevard; Treasurer, Miss Nora McPherson, General Hospital.

"Canadian Nurse" Correspondent—Miss R. Burnett, 25 Spadina Ave.

Executive Committee—Miss I. Laidlaw, 212 James Street; Miss O. Watson, 608 King Street, East; Miss Cummings, 652 Main Street, East; Miss French, 501 Sherman Avenue, Mt. Top; Miss Nellie Wright, 222 Mountain Park Avenue.

Representatives to National Council of Women—Miss E. Taylor, Miss Burnett, Miss B. Aitken.

Central Registry Representatives—Mrs. Reynolds, Miss Kerr, Miss Roadhouse, Miss Pegg.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Mrs. Reynolds, Miss R. Burnett, Miss Ainslie, Miss K. Peart.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

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Gift Committee—Misses S. Livett and C. McMasters.

Social Convenor—Mrs. Caton, 124 Rawdon Street.

Flower Committee—Misses C. Kelly and McKee.

Press Representative—Miss A. Hough.

"Canadian Nurse" Representative—Miss C. B. Good, R.R. No. 4, Paris, Ont.

Meetings held at the Nurses' Residence, first Tuesday.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

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Canadian Nurse Representative—Miss Maysie Marriott.

Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. Mann; President, Miss A. Keeler; 1st Vice-President, Miss M. Derby; 2nd Vice-President, Miss L. Culbert; Secretary-Treasurer, Miss F. Cavell. Convenor of Social Committee, Miss M. Bullard. Representative to "Canadian Nurse", Miss F. Cavell.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Regis; Honorary Director, Sister M. Theodore; President, Miss Hazel Gray, Chatham, Ont.; Vice-President, Miss Felice Richardson, Chatham, Ont.; Secretary-Treasurer, Miss Grace Norton, Chatham, Ont.

Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Honorary President, Mrs. J. W. Cook, Fort William, Ont.; President, Mrs. W. McClure, Fort William, Ont.; First Vice President, Miss Irene Holmes, Port Arthur, Ont.; Second Vice-President, Mrs. M. Wark, Port Arthur, Ont.; Third Vice-President, Mrs. S. Hancock, Fort William, Ont.; Treasurer, Miss T. Gerry, Fort William, Ont.; Recording Secretary, Miss Marjorie Strawson, Port Arthur, Ont.; Corresponding Secretary, Mrs. W. J. Stirrett, Port Arthur, Ont.

Convenor of Sick Visiting Committee—Mrs. O'Leary, Port Arthur, Ont.

Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Rev. Sister M. Dorothea; President, Miss M. Delaney; First Vice-President, Mrs. J. O. Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss Mae Marshall, General Hospital, Sault Ste. Marie, Ontario.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Rev. Sister Gallant, St. Boniface Hospital; President, Miss Stella Gordon, 251 Stradbrook Avenue, Winnipeg; First Vice-President, Miss Kate Wymbs, King George Hospital; Second Vice-President, Mrs. George McDonald, No. 1 Vaughan Street; Secretary, Miss A. Racine, 34 Valado Street; Treasurer, Miss Theresa O'Rourke, 119 Donald Street.

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Convenor of Sick Visiting Committee—Miss G. Comartin.

Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

Representative to Registrar—Miss A. Starr, 753 Wolseley Avenue.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Wilson, 798 Grosvenor Ave. (F. 6502); First Vice-President, Miss Johnstone, Superintendent of Nurses, Brandon General Hospital; Second Vice-President, Miss Martin, Superintendent of Nurses, Winnipeg General Hospital (N. 7681); Third Vice-President, Sister Gallant, Superintendent of Nurses, St. Boniface Hospital (N. 1121); Recording Secretary, Miss Carruthers, Nurses' Residence, Wolesley Ave. (B. 620); Corresponding Secretary, Miss Gordon, 251 Stradbrooke (F. 6339); Treasurer, Miss Wilkins, Bureau of Child Welfare.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

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Convener of Registry and Eligibility—Miss C. McLeod.

Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind, 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

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Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

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Executive Committee—Mrs. J. Hill, 268 Eighth Street; Mrs. J. Devlin, 57 Fourth Street.

Flower Committee—Miss E. Auger, Medicine Hat General Hospital.

New Membership Committee—Miss A. Phinney, 546-A Sixth Avenue; Miss M. Middleton, Medicine Hat General Hospital.

"Canadian Nurse" Representative—Miss A. Green, 413 Fifth Street; Miss E. Auger, Medicine Hat General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

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Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.

ALBERTA ASSOCIATION OF GRADUATE NURSES
Incorporated April 19, 1916

President, Mrs. K. Manson, Royal Alexandra Hospital, Edmonton; First Vice-President, Miss L. M. Edy, Calgary; Second Vice-President, Miss F. S. Macmillan, Edmonton; Secretary-Treasurer and Registrar, Miss E. McPhedran, Central Alberta Sanitarium, Calgary.

Councillors—Miss E. M. Rutherford, Calgary; Miss E. M. Auger, Medicine Hat; Mrs. N. Edwards, Edmonton.

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Councillors—Misses K. Ellis, R.N., Katharine Stott, R.N., L. McAllister, R.N., M. Ethel Morrison, R.N., Charlotte Black, R.N., L. Archibald, R.N., and A. L. Boggs, R.N.

VANCOUVER GRADUATE NURSES' ASSOCIATION

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Executive Committee—Misses Ellis, Ewart, Hall, D. Turnbull, M. Campbell, C. Haskins.

Regular Meeting—First Wednesday of each month.

THE ALUMNAE ASSOCIATION OF THE VANCOUVER GENERAL HOSPITAL

Honorary President, Miss K. Ellis, Vancouver General Hospital; President, Miss M. McLane, 3151 Second Avenue, West; First Vice-President, Miss Constance Milne; Second Vice-President, Miss Rae Shaw; Secretary-Treasurer, Miss M. Harris, 665 Twelfth Avenue, West (telephone, Fairmont 3108 L).

Convenor of Programme Committee—Miss T. Jack, Vancouver General Hospital.

Convenor of Refreshment Committee—Miss I. Snelgrove, 1173 Eighth Ave., West.

Representatives to "Canadian Nurse"—Miss I. Gibson, tel. K. 443X3; Miss L. Raphael, S. 887.

Convenor of Sick Visiting Committee—Miss M. Currie, 2707 Hemlock Street.

Convenor of Reunion Committee—Miss H. Innes, 886 Broadway, West.

Regular Meeting—First Tuesday in each month.

PROVINCIAL ROYAL JUBILEE HOSPITAL ALUMNAE ASSOCIATION VICTORIA, B. C.

Honorary President, Miss J. F. MacKenzie, Director of Nurses; President, Mrs. W. H. Bullock-Webster, 1073 Davie Street, Victoria, B. C.; First Vice-President, Mrs. M. W. Thomas, 235 Howe Street, Victoria, B. C.; Second Vice-President, Miss M. C. Macdonald, 800 St. Charles Street, Victoria, B. C.; Treasurer, Miss E. Gurd, 733 Lampson Street, Esquimalt, B. C.; Secretary, Mrs. W. C. Wilson, 1701 Stanley Avenue, Victoria, B. C.; Convenor of Entertainment Committee, Mrs. L. S. V. York, 1140 Burdette Avenue, Victoria, B. C.

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—Clara D. Noyes in *The Health Builder*.

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